Image# 15951190355 PAGE 1 / 117

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use	Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR PE	RINT ▼		mple: If typir r the lines.	ng, type	12FE4M	5		
Α	merican Hospital Asso	ciation F	PAC						1 1	
AD	DRESS (number and street)		Street, NW enter, Suite	400						
ľ	Check if different									
ľ	than previously reported. (ACC)	Washingto	on 				DC	20001-	4956	
2.	FEC IDENTIFICATION NU	MBER ▼		CITY ▲		5	STATE 🛦	Z	ZIP COD	DE ▲
	C C00106146		;	3. IS THIS REPORT		N) OR	AI (A	MENDED )		
4.	TYPE OF REPORT (Choose One)	(b) Month	rt 🔲	Feb 20 (M2)	_ ı	May 20 (M5)	Aug	20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due (	on:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15		×	Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)		Jan 31 (YE)
	Quarterly Report (Q1	) (c)	12-Day	П	Primary (12P	)	General	(12G)	П	Runoff (12R)
	July 15 Quarterly Report (Q2	2)	PRE-Election		Convention (	130)	Special	(128)		
	October 15 Quarterly Report (Q3		Report for th	ie.	Convention (	120)	Special	(123)		
	January 31 Year-End Report (YE		E	lection on	M = M /	D   D /	Y   Y   Y   Y		in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) (	30-Day		General (300	à)	Runoff (	30R)		Special (30S)
	Termination Report (TER)	'	Report for th	ie:	M = M /	D D /	Y = Y = Y = Y	1	in the	
	(TETT)		E	lection on					State of	
5.	Covering Period 03	01		)15	through	M M 03	/ D D D 31	2015		
Ιc	ertify that I have examined this	Report an	d to the be	st of my kno	wledge and k	pelief it is tru	e, correct ar	d complete	).	
Тур	oe or Print Name of Treasurer	Ms. Melino	da Hatton							
Sig	gnature of Treasurer Ms. Ma	elinda Hatton			[Electronically	Filed] D	ate 04	/ D 20	D /	2015
NC	TE: Submission of false, errone	ous, or incor	molete inform	nation may s	ibject the ner	son sianina th	is Report to t	he penaltie	s of 2 II	S.C. 8437a
	Office	225, 57 111001	pioto ililoli	nation may st	joor ale pers	John Organing th	io rioport to	<u> </u>		
	Use Only								<b>FORI</b> ev. 12/20	

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC 03 01 2015 03 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1653206.80 January 1, 2015 (b) Cash on Hand at 1761781.64 Beginning of Reporting Period..... 380300.43 166856.02 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1928637.66 2033507.23 6(a) and 6(c) for Column B)..... 181939.48 286809.05 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1746698.18 1746698.18 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Hospital Association PAC

Report Covering the Period: From: 03	01 2015 To:	03 / 31 / 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other     Than Political Committees     (i) Itemized (use Schedule A)	103227.01	134144.51
(ii) Unitemized	16871.27	28126.06
(iii) TOTAL (add  Lines 11(a)(i) and (ii)▶	120098.28	162270.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	125098.28	167270.57
Party Committees	41600.00	212600.00
3. All Loans Received	0.00	0.00
Loan Repayments Received      Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	157.74	429.86
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	166856.02	380300.43
0. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	166856.02	380300.43

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B		
1. Operating Expenditures: —	Iotai IIIIs Fellou	Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	1220.49	24.00.05		
Expenditures(c) Total Operating Expenditures	1239.48	2109.05		
(add 21(a)(i), (a)(ii), and (b))▶	1239.48	2109.05		
2. Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to     Federal Candidates/Committees				
and Other Political Committees	180700.00	284700.00		
Independent Expenditures	0.00	0.00		
(use Schedule E)	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use scriedule i )		5.00		
6. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
Refunds of Contributions To:     (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
(b) Belitical Banto Committee	0.00	0.00		
(b) Political Party Committees	0.00	7		
(such as PACs)	0.00	0.00		
(444)	7	7 7		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
O. Other Disbursements	0.00	0.00		
D. Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
_				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Emico oo(a)(ii), oo(a)(ii) and oo(b))		3.00		
. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	181939.48	286809.05		
. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	201000 10	222222		
from Line 31)	181939.48	286809.05		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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1 LO 1 01111 3X (11ev. 02/2003)		i age <b>3</b>			
III. Net Contributions/Operating Expenditures					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	125098.28	167270.57			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	125098.28	167270.57			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1239.48	2109.05			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1239.48	2109.05			

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Maulik Joshi Date of Receipt Mailing Address 155 North Wacker Drive 03 2015 02 City State Zip Code Transaction ID: 22342817 Chicago IL 60606-1709 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Senior Vice President Research & Presi American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John Manfredo Date of Receipt Mailing Address 1201 Health Center Parkway 03 02 2015 City State Zip Code Transaction ID: 22343532 OK Yukon 73099-6381 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Integris Baptist Medical Center **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. James D Moore FACHE Date of Receipt Mailing Address 1201 Health Center Parkway 02 03 2015 City Zip Code State Transaction ID: 22343534 OK Yukon 73099-6381 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President Integris Southwest Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF 117

TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Kathy L English BSN, MSN,  Mailing Address 8200 Dodge St  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer Children's Hospital & Medical Center Receipt For:  Primary General Other (specify)	State Zip Code NE 68114-4113  C  Occupation Executive Vice President and COO  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 04 2015  Transaction ID: 22343729  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Ms. Kimberly Russel FACHE  Mailing Address 4031 Thorn Ct  City Lincoln  FEC ID number of contributing federal political committee.  Name of Employer Bryan Health  Receipt For:  Primary General Other (specify)	State Zip Code NE 68520-9321  C  Occupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 04 2015  Transaction ID: 22343743  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Ms. Margaret W. Dahl  Mailing Address 1170 Latham Drive  City  Watkinsville  FEC ID number of contributing federal political committee.  Name of Employer  Athens Regional Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code GA 30677-6023  C  Occupation Trustee  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.00
TOTAL This Period (last page this line number	r only)	

	FOR	LINE	NU	MBER	:	PAGE	8	OF	
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the		11a		11b		11c	12		
Detailed Summary Page		IIα		110		1110	12		
		13		14		15	16		

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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC	
Full Name (Last, First, Middle Initial)  Mr. James A Hartley  Mailing Address P O Box 13727		Date of Receipt
		03 03 2015
City	State Zip Code	Transaction ID : 22346515
Roanoke	VA 24036-3727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	1
Carilion Clinic	Board Chair	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Ms. Lorna Strayer MBA		Date of Receipt
Mailing Address 700 Ewing Road		03 03 2015
City	State Zip Code	Transaction ID: 22346517
Bainbridge	OH 45612-9476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Fisher-Titus Medical Center	Executive Vice President	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Mr. Michael R. Dunaway		Date of Receipt
Mailing Address 15081 Linden Drive		03 06 2015
City	State Zip Code	Transaction ID : 22346519
Leawood	KS 66224-3412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	1
Missouri Hospital Association	Senior VP, Field Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional		1875.00
CODIO INCOMPLE THIS FAGE (OPHORIAL	<u>,</u>	
TOTAL This Period (last page this line numl	ber only)	

	_	R LINE	_		:	PAGE	. !	9	OF	117
Use separate schedule(s) for each category of the	(check only one)									
Detailed Summary Page	×	11a		11b		11c		12	! _	
		13		14		15		16	;	17

Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any personal he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  Mr. John R Hicks  Mailing Address 1600 Prairie Center Parkwa	v	Date of Receipt
		03 03 2015
City	State Zip Code	Transaction ID : 22346525
Brighton	CO 80601-4006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Platte Valley Medical Center	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Mrs. Amy Barkholz	•	Date of Receipt
Mailing Address 905 Sanctuary Dr.	7. 6.	03 09 2015
City Mason	State Zip Code MI 48854-1390	Transaction ID : 22346537
	1011 40004-1090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	]
Michigan Health & Hospital Association	General Counsel	-
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  C. Mr. William Jackson	'	Date of Receipt
Mailing Address 14700 Lake Shore Drive		03 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code MI 49720-1931	Transaction ID: 22346540
Charlevoix	MI 49720-1931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	525.00
Name of Employer	Occupation	1
Charlevoix Area Hospital	President	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	525.00	
SUBTOTAL of Receipts This Page (optional)		1125.00
TOTAL This Period (last page this line number	er only)	

	FOF	R LINE	NU	MBER	:	PAGE	· '	10 OF	•	117
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,g.		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Peter J. Schonfeld Date of Receipt Mailing Address 7105 Cutler Road 03 09 2015 City State Zip Code Transaction ID: 22346545 48808-9439 MI Bath Amount of Each Receipt this Period FEC ID number of contributing C 525.00 federal political committee. Name of Employer Occupation Michigan Health & Hospital Association Sr. Vice President, Policy & Data Svcs Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Erin Steward Date of Receipt Mailing Address 2232 N.Croswell Road 03 2015 09 City State Zip Code Transaction ID: 22346548 MΙ 48847-9705 Ithaca Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee.

Name of Employer  Michigan Health & Hospital Association  Receipt For:  Primary General  Other (specify) ▼	Occupation Deputy Director, Education & Developme  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  C. Ms. Ellen Anderson  Mailing Address 121 N Monroe St		Date of Receipt
Unit 1401		03 09 _2015 _
City	State Zip Code	Transaction ID : 22346678
Tallahassee	FL 32301-1548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Florida Hospital Association	State Advocacy Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	·	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1875.00

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 11 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Dunedin  FEC ID number of contributing federal political committee.  Name of Employer  Morton Plant Mease Health Care  Directors	State Zip Code FL 34698-2318  cupation ector, Design & Construction gregate Year-to-Date   250.00	Date of Receipt  03 09 2015  Transaction ID: 22346679  Amount of Each Receipt this Period  250.00
Clearwater  FEC ID number of contributing federal political committee.  Name of Employer St. Anthony's Hospital  Directions of English	State Zip Code FL 33760-3127  Cupation ector Team Resources gregate Year-to-Date   250.00	Date of Receipt  03 09 2015  Transaction ID: 22346682  Amount of Each Receipt this Period  250.00
Chicago  FEC ID number of contributing federal political committee.  Name of Employer  American Hospital Association-Chicago  Registration	State Zip Code IIL 60606-3436  Cupation gional Executive gregate Year-to-Date ▼	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)	<u></u>	1000.00

FOR LINE NUMBER: PAGE 12 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Waleska Crespo MHSA Date of Receipt Mailing Address P O Box 366528 03 2015 18 City Zip Code State Transaction ID: 22359656 PR 00936-6528 San Juan Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation **Executive Director** Cardiovascular Center of Puerto Rico a Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Delphine Ballard Date of Receipt Mailing Address 10414 Butia PI 03 09 2015 City State Zip Code Transaction ID: 22360001 FL Tampa 33618-4118 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St. Joseph's Hospital Director Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Kyle J Barr Date of Receipt Mailing Address 2985 Drew St 09 2015 03 City Zip Code State Transaction ID: 22360004 FL Clearwater 33759-3012 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Vice President Team Resources BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER:	PAGE	13 OF	117
Use separate schedule(s) for each category of the	(check only one)			
Detailed Summary Page	X 11a 11b	11c	12	_
, ,	13     14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

Mr. Jimmy Baumgartner

Mailing Address 2538 West Palm Drive

Og 09 2015

	ast, First, Middle Initial) / Baumgartner		Date of Receipt
Mailing Addre	ess 2538 West Palm Drive		03 09 2015
City		State Zip Code	Transaction ID: 22360005
Tampa		FL 33629-7314	Amount of Each Receipt this Period
	ber of contributing cal committee.	C	250.00
Name of Em	ployer	Occupation	
St. Joseph's	Hospital	Director-Research	
Receipt For:	·	Aggregate Year-to-Date ▼	
Primary	y General	Aggregate real to bate \$	,
Other (	(specify) ▼	250.00	
Full Name (L 3. Mr. Willia	ast, First, Middle Initial) m A. Bell		Date of Receipt
Mailing Addre	ess 944 Gentian Court		03 09 2015
City		State Zip Code	Transaction ID : 22360012
Tallahassee		FL 32312-1228	Amount of Each Receipt this Period
	ber of contributing cal committee.	С	1000.00
Name of Em	• •	Occupation	
	tal Association	General Counsel	
Receipt For:		Aggregate Year-to-Date ▼	
Other (	y	1000.00	
	ast, First, Middle Initial)		Date of Receipt
Mailing Addre	ess 462 Date Palm Court, NE		03 09 2015
City		State Zip Code	Transaction ID : 22360014
Saint Peters	burg	FL 33703-6218	Amount of Each Receipt this Period
	ber of contributing cal committee.	С	250.00
Name of Em		Occupation	
		·	
St. Anthony's Receipt For:	s Hospital	Chairman	
Primary	y General (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of	Receipts This Page (optional)		1500.00
TOTAL This Po	eriod (last page this line number	only)	· L

FOR LINE NUMBER: PAGE 14 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Alan Bomstein Date of Receipt Mailing Address 620 Drew St 03 09 2015 City Zip Code State Transaction ID: 22360016 FL Clearwater 33755-4108 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation BayCare Health System Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr William Burns Date of Receipt Mailing Address PO Box 832 03 09 2015 City State Zip Code Transaction ID: 22360017 Lake Wales FL 33859-0832 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation BayCare Health System Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Robert Carter Date of Receipt Mailing Address 1312 Mirror Ter. NW 09 03 2015 City State Zip Code Transaction ID: 22360018 FL Winter Haven 33881-2350 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Winter Haven Hospital Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 15 OF 117 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Ronald J Colaguori Date of Receipt Mailing Address 1200 Seventh Avenue North 03 09 2015 City Zip Code State Transaction ID: 22360020 FL Saint Petersburg 33705-1300 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vice President Operations St. Anthony's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Anne Condor Date of Receipt Mailing Address 2152 W Vina Del Mar 03 09 2015 City State Zip Code Transaction ID: 22360021 FL St Pete Beach 33706-2842 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation BayCare Health System Director Managed Care Decision Support Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Monica Corbett Date of Receipt Mailing Address 306 East College Avenue 09 03 2015 City Zip Code State Transaction ID: 22360022 FL Tallahassee 32301-1522 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Director of Communications** Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr Kevin Corrigan Date of Receipt Mailing Address 2948 Hillcreek Circle So 03 09 2015 City State Zip Code Transaction ID: 22360023 FL Clearwater 33759-1210 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Chief Operations Officer Morton Plant Mease Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Robert Costello Date of Receipt Mailing Address 601 Main Street 03 09 2015 City State Zip Code Transaction ID: 22360024 FL Dunedin 34698-5848 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mease Dunedin Hospital **Director Strategic Planning** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Denton Crockett Date of Receipt Mailing Address 16255 Bay Vista Drive 09 2015 03 City State Zip Code Transaction ID: 22360025 FL Clearwater 33760-3127 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Administrator BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 17 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Brain Curtiss Date of Receipt Mailing Address 310 Druid Road West 03 09 2015 City State Zip Code Transaction ID: 22360027 FL Clearwater 33756-3860 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation BayCare Health System Marketing Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Nikki Daily Date of Receipt Mailing Address 2985 Drew Street 03 09 2015 City State Zip Code Transaction ID: 22360028 FL Clearwater 33759-3012 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation BayCare Health System Manager Compensation Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Martha DeCastro RN, MS, CI Date of Receipt Mailing Address 1036 Alameda Drive 09 2015 03 City State Zip Code Transaction ID: 22360029 FL Tallahassee 32317-9577 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Florida Hospital Association Vice President for Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr Charles DeShazer Date of Receipt Mailing Address 2717 Seville Blvd 03 09 2015 City State Zip Code Transaction ID: 22360030 FL Clearwater 33764-1163 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Chief Quality Officer BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Pat Donnelly Date of Receipt Mailing Address 2858 Gloria Ct. 03 09 2015 City State Zip Code Transaction ID: 22360031 FL Clearwater 33761-3825 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation BayCare Health System Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Sally Forsberg Date of Receipt Mailing Address 307 Park Lake Circle 09 2015 Post Office Box 531107 03 City State Zip Code Transaction ID: 22360094 FL Orlando 32803-3923 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Florida Hospital Association - Orlando Director of Quality & Patient Safety Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

# SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and Stater or for commercial purposes, other than using the nar		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAG	C	
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Morton Plant Mease Health Care  Diagram Services	State Zip Code FL 33606-3502  Coupation rector Government Relations ggregate Year-to-Date   250.00	Date of Receipt  03 09 2015  Transaction ID: 22360095  Amount of Each Receipt this Period  250.00
Clearwater  FEC ID number of contributing federal political committee.  Name of Employer Morton Plant Mease Health Care  True	State Zip Code FL 33756-3948  C ccupation ustee ggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Saint Petersburg  FEC ID number of contributing federal political committee.  Name of Employer  Morton Plant Hospital  Perceipt For:	State Zip Code FL 33708-3550  Cocupation tecutive Vice President, Physician Sv ggregate Year-to-Date   1000.00	Date of Receipt  03 09 2015  Transaction ID: 22360097  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)	•	1750.00
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FOR LINE NUMBER: PAGE 20 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms Barbara Flynn Date of Receipt Mailing Address 307 Park Lake Circle 03 09 2015 City State Zip Code Transaction ID: 22360098 FL Orlando 32803-3923 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation VP, Health Info Mgmt Services Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Eli Freilich Date of Receipt Mailing Address 1675 Coachmakers Lane 03 09 2015 City State Zip Code Transaction ID: 22362516 FL Clearwater 33765-1735 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation BayCare Health System Director, Clinical Performance Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Lou Galdieri RN, BSN Date of Receipt Mailing Address PO Box 210, Mail Stop 21 09 03 2015 City Zip Code State Transaction ID: 22362517 FL Clearwater 33757-0210 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President Mease Countryside Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Donald I Gale MD Date of Receipt Mailing Address 200 Avenue F NE 03 09 2015 City Zip Code State Transaction ID: 22362518 FL Winter Haven 33881-4131 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Vice President Medical Affairs Winter Haven Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John Gantner Date of Receipt Mailing Address 690 Island Way Unit 404 03 09 2015 City State Zip Code Transaction ID: 22362519 FL Clearwater 33767-1926 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation BayCare Health System Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Thomas Garthwaite Date of Receipt Mailing Address 1124 Nature View Circle 09 03 2015 City State Zip Code Transaction ID: 22362648 FL Port Orange 32128-7453 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation St. Joseph's Hospital **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Kimberly Guy  Mailing Address 17806 Ridgeway Ct.  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  St. Joseph's Hospital  Receipt For:  Primary General Other (specify)	State Zip Code FL 33647-2279  C Occupation COO  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 09 2015  Transaction ID: 22362655  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Ms Melonie Hall  Mailing Address 2707 Falling Leaves Dr  City  Valrico  FEC ID number of contributing federal political committee.  Name of Employer  BayCare Health System  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33596-5769  C  Occupation Director of System Marketing  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 09 2015  Transaction ID: 22362656  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Mr. Victor A. Hruszczyk  Mailing Address 18935 Crooked Lane  City Lutz  FEC ID number of contributing federal political committee.  Name of Employer  BayCare Health Systems  Receipt For:  Primary General Other (specify)	State Zip Code FL 33548-6456  C  Occupation Vice President, Laboratory Services  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 09 2015  Transaction ID: 22362665  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00
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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Thomas P. Inzina Date of Receipt Mailing Address 405 Buttonwood Lane 03 09 2015 City State Zip Code Transaction ID: 22362666 FL Largo 33770-4060 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Vice President, Finance BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Sally Jackson Date of Receipt Mailing Address 2776 Cleveland Avenue 03 09 2015 City State Zip Code Transaction ID: 22362667 FL Fort Myers 33901-5864 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Lee Memorial Health System System Director Community Project Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Christopher Jenkins Date of Receipt Mailing Address 152 Mobbly Bay Dr 09 03 2015 City State Zip Code Transaction ID: 22362668 FL Oldsmar 34677-4014 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Vice President Infrastructure & CTO BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Lisa Johnson RN, MSN, N  Mailing Address P O Box 210		Date of Receipt
City	State Zip Code	03 09 2015
Clearwater	State Zip Code FL 33757-0210	Transaction ID : 22362724  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Morton Plant Mease Health Care	Chief Nursing Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Ms Cynthia Jones  Mailing Address 2920 Sanctuary Circle	'	Date of Receipt
Walling Address 2920 Sanctuary Circle		03 09 2015
City	State Zip Code	Transaction ID : 22362725
Lakeland	FL 33803-5482	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer BayCare Health System	Occupation Vice President, Applications	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Ms. Diane M. Kazmierski	1	Date of Receipt
Mailing Address 4736 Royal Palm Circle, NE		03 09 2015
City Spint Retoraburg	State Zip Code FL 33703-3138	Transaction ID: 22362726
Saint Petersburg	FL 33703-3138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
BayCare Health System	Vice President, Managed Care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr Lee Kirkman Date of Receipt Mailing Address 3952 Versailles Dr 03 09 2015 City State Zip Code Transaction ID: 22362727 FL Tampa 33634-7425 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation BayCare Health System Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Scott Kizer Date of Receipt Mailing Address 5340 W Kennedy Blvd Unit 609 03 09 2015 City State Zip Code Transaction ID: 22362728 FL Tampa 33609-2452 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Morton Plant Mease Health Care Vice President Legal Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Gay Lancaster Date of Receipt Mailing Address 30 Winston Drf 09 2015 03 City State Zip Code Transaction ID: 22362730 FL Belleair 33756-1646 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation **Board Member** BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Doug Leonardo Date of Receipt Mailing Address 5312 Pagnotta Place 03 09 2015 City State Zip Code Transaction ID: 22362731 FL Lutz 33558-8044 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Executive Director** Morton Plant Mease Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Amy Lovett Date of Receipt Mailing Address 42 Windward Island 03 09 2015 City State Zip Code Transaction ID: 22362732 FL Clearwater 33767-2321 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation BayCare Health System **Director of Communications** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Lorraine Lutton Date of Receipt Mailing Address P O Box 4227 09 03 2015 City State Zip Code Transaction ID: 22362733 FL Tampa 33677-4227 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation President St. Joseph's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Michael Magee Date of Receipt Mailing Address 9518 Eddings Rd 03 09 2015 City State Zip Code Transaction ID: 22362736 FL Odessa 33556-4803 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vice President, Pharmacy BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stephen R Mason Date of Receipt Mailing Address 16255 Bay Vista Dr 03 09 2015 City State Zip Code Transaction ID: 22362737 FL Clearwater 33760-3127 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Name of Employer Occupation BayCare Health System President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Gerald Massey Date of Receipt Mailing Address 1202 Coral St 09 03 2015 City State Zip Code Transaction ID: 22362738 FL Tampa 33602-1017 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Mease Dunedin Hospital **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr Jim McClintic Date of Receipt Mailing Address 219 13th Ave N 03 09 2015 City State Zip Code Transaction ID: 22362743 FL St Petersburg 33701-1121 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vice President Medical Affairs St. Anthony's Rehabilitation Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mary McGillicuddy Date of Receipt Mailing Address 2776 Cleveland Avenue 03 09 2015 City State Zip Code Transaction ID: 22362745 FL Fort Myers 33901-5864 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Lee Memorial Health System Chief Legal Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Michael Mikurak Date of Receipt Mailing Address 400 Beach Drive NE 09 **Unit 703** 03 2015 City State Zip Code Transaction ID: 22362748 FL Saint Petersburg 33701-3065 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Board of Trustees** BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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117 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. John E. Mines Date of Receipt Mailing Address 1991 Killarney Drive 03 09 2015 City State Zip Code Transaction ID: 22362749 FL Winter Park 32789-3527 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Senior Vice President Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Judy Mitzlaff Date of Receipt Mailing Address 2333 Feathersound Dr UnitA410 03 09 2015 City State Zip Code Transaction ID: 22362750 FL Clearwater 33762-3087 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation BayCare Health System Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Ed Monti Date of Receipt Mailing Address 1411 River Oaks Drive 09 03 2015 State Zip Code Transaction ID: 22362751 FL **Tarpon Springs** 34689-7014 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Clinical Director BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 30 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms Melissa Myrick Date of Receipt Mailing Address 637 Pinellas Bayway Unit #110 03 09 2015 City State Zip Code Transaction ID: 22362803 FL Tierra Verde 33715-1958 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation BayCare Health System Director, Health Information Mnmgt Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. James R Nathan Date of Receipt Mailing Address P O Box 2218 03 09 2015 City State Zip Code Transaction ID: 22362804 FL Fort Myers 33902-2218 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Lee Memorial Health System President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Stephen A Nierman Date of Receipt Mailing Address 3322 Sam Allen Oaks Cir 09 03 2015 City Zip Code State Transaction ID: 22362806 FL Plant City 33564-9058 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President Winter Haven Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 31 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Matthew Novak Date of Receipt Mailing Address 1705 Hintington Court 03 09 2015 City State Zip Code Transaction ID: 22362807 FL Safety Harbor 34695-5636 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Morton Plant Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr Thomas Oakley Date of Receipt Mailing Address 101 ABC Road 03 09 2015 City State Zip Code Transaction ID: 22363054 Lake Wales FL 33859-6844 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Winter Haven Hospital **Board Member** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Robert Pesce Date of Receipt Mailing Address 2901 Hansen Manor LN 09 03 2015 City State Zip Code Transaction ID: 22363055 FL Tampa 33611-2858 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Chief Medical Officer BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOF	LINE	NU	IMBER	:	PAGE	Ξ ;	32 OF	117
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
		13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

Full Name (Last, First, Middle Initial) Ms. Janice Polo		Date of Receipt
Mailing Address 4604 Vasconia St		03 09 2015
City Tampa	State Zip Code FL 33629-8330	Transaction ID : 22363056
'	33029-0330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
St. Joseph's Hospital	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Rich Rasmussen		Date of Receipt
Mailing Address 405 El Destinado Drive		03 09 2015
City	State Zip Code	Transaction ID: 22363057
Tallahassee	FL 32301-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1001.00
Name of Employer	Occupation	-
Florida Hospital Association	VP for Strategic Communications	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1001.00	
Full Name (Last, First, Middle Initial) Ms. Kathy A. Reep		Date of Receipt
Mailing Address 19 W. New Hampshire		03 09 2015
City	State Zip Code	Transaction ID: 22363058
Orlando	FL 32804-5911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	-
Florida Hospital Association - Orlando	Vice President, Financial Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
UBTOTAL of Receipts This Page (optional).	<b>•</b>	2251.00

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Use separate schedule(s) for each category of the	(check only one)			
Detailed Summary Page	X 11a 11b	11c	12	_
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Douglas Rothermel CHESP Date of Receipt Mailing Address 3001 West Dr. Martin Luther King J 03 09 2015 City Zip Code State Transaction ID: 22363309 FL Tampa 33607-6307 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Director of Environmental Services St. Joseph's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Bruce J Rueben Date of Receipt Mailing Address 306 East College Avenue 03 09 2015 City State Zip Code Transaction ID: 22363310 FL Tallahassee 32301-1522 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation Florida Hospital Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Gail Ryder Date of Receipt Mailing Address 2049 Michigan Ave, NE 09 03 2015 City State Zip Code Transaction ID: 22363312 FL Saint Petersburg 33703-3407 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Vice President Behavioral Health Morton Plant Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 34 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Clint Shouppe Date of Receipt Mailing Address 45 Davis Blvd #10 03 09 2015 City State Zip Code Transaction ID: 22363313 FL Tampa 33606-3459 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Manager Government Relations Winter Haven Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Patricia Sizemore RN, MA Date of Receipt Mailing Address 940 Hemingway Circle 03 09 2015 City State Zip Code Transaction ID: 22363320 FL Tampa 33602-5980 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation St. Anthony's Hospital Vice President Patient Care Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Scott M Smith Date of Receipt Mailing Address 410 South 11th Street 09 03 2015 City State Zip Code Transaction ID: 22363322 FL Lake Wales 33853-4203 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Chief Executive Officer Lake Wales Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
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	Statements may not be sold or used by any personance name and address of any political committee to			
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial)  Ms. Crystal Stickle  Mailing Address 306 East College Avenue		Date of Receipt		
City Tallahassee	State Zip Code FL 32301-1522	03 09 2015 Transaction ID : 22363324		
FEC ID number of contributing federal political committee.	C 32301-1322	Amount of Each Receipt this Period 1500.00		
Name of Employer  Florida Hospital Association  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation Vice President Government Relations  Aggregate Year-to-Date ▼  1500.00			
Full Name (Last, First, Middle Initial)  Ms. Kim Streit  Mailing Address 1317 Eastin Avenue		Date of Receipt		
City Orlando FEC ID number of contributing	State Zip Code FL 32804-6309	03 09 2015  Transaction ID: 22363349  Amount of Each Receipt this Period		
federal political committee.  Name of Employer Florida Hospital Association - Orlando	Occupation VP, Health Research & Information	1000.00		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial)  Mr. Daniel Sweeney		Date of Receipt		
Mailing Address 1706 Huntington Court  City	State Zip Code	03 09 2015 Transaction ID : 22363350		
Safety Harbor	FL 34695-5635	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer BayCare Health System	Occupation Vice President			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	3000.00		
TOTAL This Period (last page this line number	only)			

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for each category of the Detailed Summary Page	X 11a	11b 1	11c	12			
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	Statements may not be sold or used by any personance name and address of any political committee to			
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial)  Mr William Tapp  Mailing Address 455 16th Avenue NE		Date of Receipt		
City Saint Petersburg	State Zip Code FL 33704-4714	03 09 2015  Transaction ID : 22363351  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer  BayCare Health System  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Board Chair  Aggregate Year-to-Date   1000.00			
Full Name (Last, First, Middle Initial)  Ms Denita Todd  Mailing Address 5910 Zaki Lane		Date of Receipt  03  09  2015		
City Apollo Beach	State Zip Code FL 33572-2910	Transaction ID : 22363439  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer BayCare Health System	Occupation Director of Case Mngmt			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00			
Full Name (Last, First, Middle Initial)  Mr. William G Ulbricht		Date of Receipt		
Mailing Address P O Box 12588  City	State Zip Code	03 09 2015		
Saint Petersburg	FL 33733-2588	Transaction ID : 22363440  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer	Occupation			
St. Anthony's Hospital Receipt For:	President			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)		1750.00		
TOTAL This Period (last page this line number	only)			

	FOF	R LINE	NU	IMBER	:	PAGE	: ;	37 OF	117
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for each category of the Detailed Summary Page	X	11a		11b		11c		12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Mark Vaaler MD Date of Receipt Mailing Address P O Box 4227 03 09 2015 City State Zip Code Transaction ID: 22363442 FL Tampa 33677-4227 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vice President Medical Staff Affairs St. Joseph's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr Nathan Waldrep Date of Receipt Mailing Address 1734 Eagles Nest Dr 03 09 2015 City State Zip Code Transaction ID: 22363443 FL Belleair 33756-1668 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation BayCare Health System Director of Physician Services-Urgent Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr Thomas Whiddon Date of Receipt Mailing Address 155 Bayview Drive 09 2015 03 City State Zip Code Transaction ID: 22363534 FL Belleair 33756-1403 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation **Board Member** BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the	(check only one)			
Detailed Summary Page	X 11a	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr Alan Wilde Date of Receipt Mailing Address 1497 Main St. 303 03 09 2015 City State Zip Code Transaction ID: 22363535 FL Dunedin 34698-4612 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vice President Enterprise Facilities M BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John Wilgis Date of Receipt Mailing Address 307 Park Lake Circle 03 09 2015 City State Zip Code Transaction ID: 22363536 FL Orlando 32803-3923 Amount of Each Receipt this Period FEC ID number of contributing 1200.00 federal political committee. Name of Employer Occupation Florida Hospital Association Director, Emergency Mgmt. Svcs. Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Michael Williamson Date of Receipt Mailing Address 1205 Palmview Ave 09 2015 03 City State Zip Code Transaction ID: 22363628 FL Belleair 33756-1019 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation **Board Member** BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2700.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr Ray Wood Date of Receipt Mailing Address 3812 Stanley Rd 03 09 2015 City State Zip Code Transaction ID: 22363629 FL Plant City 33565-4868 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Board Member** BayCare Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael Yungmann Date of Receipt Mailing Address 19 Heights Ave 03 09 2015 City State Zip Code Transaction ID: 22363633 FL Frostproof 33843-2021 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Morton Plant North Bay Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Karen Zieler Date of Receipt Mailing Address 306 East College Avenue 09 2015 03 City State Zip Code Transaction ID: 22363635 FL Tallahassee 32301-1522 Amount of Each Receipt this Period FEC ID number of contributing 1200.00 С federal political committee. Name of Employer Occupation Senior Vice President Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 2200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 40 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms Janice East Date of Receipt Mailing Address 2021 Long Branch Lane 03 09 2015 City State Zip Code Transaction ID: 22363648 FL Clearwater 33760-1960 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Morton Plant Mease Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Steven A Rose Date of Receipt Mailing Address 801 Middleford Road 03 16 2015 City State Zip Code Transaction ID: 22363728 DE Seaford 19973-3636 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Nanticoke Memorial Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Eric Boley Date of Receipt Mailing Address P O Box 390 03 18 2015 City Zip Code State Transaction ID: 22363730 WY Kemmerer 83101-0390 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President Wyoming Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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## SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Robert M. Monsees Date of Receipt Mailing Address 3407 Ridgeview Drive 03 2015 13 City Zip Code State Transaction ID: 22363733 MO Columbia 65203-8895 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Vice President of State Legislation Missouri Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Melinda Estes MD, MBA Date of Receipt Mailing Address 2501 West 64th Street 03 13 2015 City State Zip Code Transaction ID: 22363734 Mission Hills KS 66208-1913 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Saint Luke's Health System President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Duke Anderson Date of Receipt Mailing Address PO Box 53 03 17 2015 City Zip Code State Transaction ID: 22363740 MI Hillsdale 49242-0053 Amount of Each Receipt this Period FEC ID number of contributing 402.50 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Hillsdale Community Health Center Receipt For: Aggregate Year-to-Date ▼ Primary General 402.50 Other (specify) 1777.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Sean Gehle Date of Receipt Mailing Address 1828 Boston Blvd 03 2015 City Zip Code State Transaction ID: 22363743 Lansing MI 48910-1173 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Vice President Government Relations Providence Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David Seaman Date of Receipt Mailing Address 805 Ledge Moor Blvd. 03 17 2015 City State Zip Code Transaction ID: 22363744 Grand Ledge MI 48837-2037 Amount of Each Receipt this Period FEC ID number of contributing 700.00 federal political committee. Name of Employer Occupation Michigan Health & Hospital Association **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Mark Koch Date of Receipt Mailing Address 200 First Street SW 03 13 2015 City Zip Code State Transaction ID: 22363754 MN Rochester 55905-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Chief Administrative Officer Mayo Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1212.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	<u> ×</u>	11a		11b		11c	12	_	_
		13		14		15	16	.	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Jon Pryor MD, MBA Date of Receipt Mailing Address 701 Park Avenue South 03 2015 City State Zip Code Transaction ID: 22363755 MN Minneapolis 55415-1623 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Chief Executive Officer Hennepin County Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Angela Date of Receipt Mailing Address 1151 East Warrenville Rd. 03 13 2015 City State Zip Code Transaction ID: 22363895 Naperville IL 60563-9339 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation

Illinois Hospital Association  Receipt For:  Primary General  Other (specify) ▼	Senior Director  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Mr. Jedediah Cantrell  Mailing Address, 1999 N. N. et f. 144		Date of Receipt
Mailing Address 10926 N. Northfield Lane  City  Dunlap	State Zip Code IL 61525-9397	03 13 2015  Transaction ID : 22363896  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	225.00
Name of Employer	Occupation	
SwedishAmerican Hospital	Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
IIDTOTAL of Decide This Dece (authors)		1125.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 44 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr Daniel Derman Date of Receipt Mailing Address 680 N Lake Shore Dr 03 2015 13 City State Zip Code Transaction ID: 22363897 Chicago IL 60611-4546 Amount of Each Receipt this Period FEC ID number of contributing 225.00 federal political committee. Name of Employer Occupation Vice President Northwestern Memorial Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Eileen Gillespie Date of Receipt Mailing Address 1324 North Sharidan Road 03 13 2015 City State Zip Code Transaction ID: 22363898 IL Waukegan 60085-2161 Amount of Each Receipt this Period FEC ID number of contributing 225.00 federal political committee. Name of Employer Occupation Vista Medical Center East Chief Nursing Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Richard S Kowalski FACHE Date of Receipt Mailing Address 3333 North Seminary Street 2015 03 13 City State Zip Code Transaction ID: 22363901 IL Galesburg 61401-1299 Amount of Each Receipt this Period FEC ID number of contributing 1600.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer OSF St. Mary Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 2050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)       X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Hospital Association PA	С	
Name of Employer  Advocate Health Care  C  C  C  C  C  C  C  C  C  C  C  C  C	State Zip Code IL 60026-1162  C ccupation hief Executive Officer ggregate Year-to-Date ▼ 900.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Ms. Laurie Round BSN, RN, M  Mailing Address 16089 Huntington Drive  City  Bloomington	State Zip Code IL 61705-5527	Date of Receipt  03 13 2015  Transaction ID: 22363903  Amount of Each Receipt this Period
Name of Employer Advocate BroMenn Medical Center C	Cccupation NE/VP, Patient Care Services aggregate Year-to-Date ▼ 270.00	270.00
Name of Employer  Northwestern Memorial Hospital  Perceint For:	State Zip Code IL 60077-3510  C ccupation ice President ggregate Year-to-Date ▼	Date of Receipt  03 13 2015  Transaction ID: 22363904  Amount of Each Receipt this Period  270.00
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	270.00	1440.00
TOTAL This Period (last page this line number only	v)	

	FOR LINE NUMBER:	PAGE	46 OF	117
Use separate schedule(s) for each category of the	(check only one)		_	
Detailed Summary Page	X 11a 11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Maureen Slade MS, RN, NE Date of Receipt Mailing Address 251 East Huron Street 03 2015 City State Zip Code Transaction ID: 22363905 Chicago IL 60611-2908 Amount of Each Receipt this Period FEC ID number of contributing 270.00 federal political committee. Name of Employer Occupation Northwestern Memorial Hospital Director Medicine Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Timothy R Zoph Date of Receipt Mailing Address 251 East Huron Street 03 13 2015 City State Zip Code Transaction ID: 22363906 IL Chicago 60611-2908 Amount of Each Receipt this Period FEC ID number of contributing 450.00 federal political committee. Name of Employer Occupation Northwestern Memorial Hospital Senior Vice President and Chief Inform Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Tina Gerardi Date of Receipt Mailing Address 800 10th Street, NW 03 25 2015 Two CityCenter, Suite 400 City Zip Code State Transaction ID: 22364291 DC Washington 20001-5188 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee.

SUBTOTAL of Receipts This Page (optional)		Ī	7	Ī		7	I	10	070.0	00	
TOTAL This Period (last page this line number only)		Ξ	7	_	_	7		_	_		<u>_</u>

350.00

Deputy Director, Academic Profession i

Aggregate Year-to-Date ▼

Occupation

Name of Employer

Primary

Other (specify)

General

AONE

Receipt For:

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 47 OF 117

TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and sor for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr Steven Defossez  Mailing Address 32 Sunrise Rd  City  Boxford  FEC ID number of contributing federal political committee.  Name of Employer  Massachusetts Hospital Association  Receipt For:  Primary  General  Other (specify)	State Zip Code MA 01921-2337  C  Occupation V.P., Clinical Intergration  Aggregate Year-to-Date ▼  375.00	Date of Receipt  03 20 2015  Transaction ID: 22364366  Amount of Each Receipt this Period  375.00
Full Name (Last, First, Middle Initial)  Mr. Peter J Holden  Mailing Address 275 Sandwich Street  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer Beth Israel Deaconess Hospital Plymout  Receipt For: Primary General Other (specify)	State Zip Code MA 02360-2183  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  1125.00	Date of Receipt  03 20 2015  Transaction ID: 22364369  Amount of Each Receipt this Period  1125.00
Full Name (Last, First, Middle Initial)  Mr. Peter J Healy  Mailing Address 1 Boston Medical Center Place  City Boston  FEC ID number of contributing federal political committee.  Name of Employer  Beth Israel Deaconess Hospital-Milton  Receipt For:  Primary General Other (specify)	State Zip Code MA 02118-2908  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  562.50	Date of Receipt  03 20 2015  Transaction ID: 22364370  Amount of Each Receipt this Period  562.50
SUBTOTAL of Receipts This Page (optional)		2062.50
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 48 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Mark A. Keroack MD Date of Receipt Mailing Address 759 Chestnut Street 03 20 2015 City Zip Code State Transaction ID: 22364375 Springfield MA 01199-1001 Amount of Each Receipt this Period FEC ID number of contributing 1125.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Baystate Health, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David P Tilton Date of Receipt Mailing Address 624 Park Place 03 20 2015 City State Zip Code Transaction ID: 22364414 NJ Galloway 08205-6014 Amount of Each Receipt this Period FEC ID number of contributing 975.00 federal political committee. Name of Employer Occupation **AtlantiCare** President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 975.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Patricia Cochrell RN, MBA, N Date of Receipt Mailing Address 23986 Vinland Terrace NW 03 25 2015 City Zip Code State Transaction ID: 22364419 WA Poulsbo 98370-9416 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation B.E. Smith, Inc. Vice President, Leadership Advisor Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 2450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 49 OF 117 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Patrick L Muldoon FACHE Date of Receipt Mailing Address 60 Hospital Road 03 2015 City Zip Code State Transaction ID: 22365230 Leominster MA 01453-2205 Amount of Each Receipt this Period FEC ID number of contributing 1125.00 federal political committee. Name of Employer Occupation President and CEO **UMass Memorial Medical Center** Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael Gustafson MD, MBA Date of Receipt Mailing Address 7 Swan Road 03 13 2015 City State Zip Code Transaction ID: 22365232 MA Quincy 02169-2617 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Brigham and Women's Faulkner Hospital Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Donald S Sheldon MD Date of Receipt Mailing Address 630 East River Street 03 26 2015 City Zip Code State Transaction ID: 22365393 OH Elyria 44035-5902 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer University Hospitals Elyria Medical Ce Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	MBER	:	PAGE	 50 OF	:	117
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for each category of the Detailed Summary Page	X	11a		11b		11c	12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Howard R Grant JD, MD Date of Receipt Mailing Address 41 Mall Road 03 2015 City State Zip Code Transaction ID: 22367189 MA 01805-0001 Burlington Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Lahey Health Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David G Spackman Date of Receipt Mailing Address 110 Wheeler Pond Rd 03 2015 13 City State Zip Code Transaction ID: 22367191 MA 01364-9401 Orange Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Name of Employer Occupation

	Lahey Hospital & Medical Center, Burli  Receipt For:  Primary  General  Other (specify) ▼	Senior Vice President Government Affai  Aggregate Year-to-Date ▼  375.00	
C.	Full Name (Last, First, Middle Initial) Dr. Michael Jellinek MD  Mailing Address 2014 Washington Street  City  Newton Lower Falls	State Zip Code MA 02462-1607	Date of Receipt  M M M / D D / Y = Y = Y = Y  03
	FEC ID number of contributing federal political committee.  Name of Employer  Newton-Wellesley Hospital  Receipt For:  Primary General  Other (specify)	C Occupation President Aggregate Year-to-Date ▼ 375.00	Amount of Each Receipt this Period  375.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

	FOF	R LINE	NU	MBER	:	PAGE	5	1	OF	11
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		71

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Tina Santos Date of Receipt Mailing Address 2 Scenic View Drive 03 2015 City Zip Code State Transaction ID: 22367196 NH Pelham 03076-3271 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation VP Patient Care & CNO Heywood Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Matthew Woods Date of Receipt Mailing Address 41 Highland Avenue 03 13 2015 City State Zip Code Transaction ID: 22367197 Winchester MA 01890-1446 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Winchester Hospital Executive Vice President Finance and C Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Jay R Johnson FACHE Date of Receipt Mailing Address P O Box 2000 17 2015 03 City Zip Code State Transaction ID: 22367222 OK Duncan 73534-2000 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer **Duncan Regional Hospital** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1137.50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	52 OF	117
Use separate schedule(s) for each category of the	(check only one)			
Detailed Summary Page	X 11a 11b	11c	12	_
	13       14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American Hospital Association PAC							
Full Name (Last, First, Middle Initial)  Mr. Bruce Lawrence	. 000	Date of Receipt					
Mailing Address 3366 NW Expressway, Suite	e 800	03 17 2015					
City	State Zip Code	Transaction ID : 22367223					
Oklahoma City	OK 73112-4458	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation						
INTEGRIS Health	President and Chief Executive Officer						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial)  Mr. Jimmy Leopard FACHE		Date of Receipt					
Mailing Address P O Box 407		M = M / D = D / Y = Y = Y = Y					
City	State Zip Code	03 17 2015 Transaction ID : 22367224					
Wagoner	OK 74477-0407	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Wagoner Community Hospital	Chief Executive Officer						
Receipt For:  Primary  General	Aggregate Year-to-Date ▼						
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial)  Mr. David D Whitaker FACHE		Date of Receipt					
Mailing Address P O Box 1308		03 17 2015					
City Norman	State Zip Code OK 73070-1308	Transaction ID : 22367226					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00					
Name of Employer	Occupation						
Norman Regional Health System	President and Chief Executive Officer						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	500.00						
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1250.00					
TOTAL This Period (last page this line number	r only)						

FOR LINE NUMBER: PAGE 53 OF 117 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino FACHE Date of Receipt Mailing Address 903 Shore Drive 03 2015 City Zip Code State Transaction ID: 22367241 Cape May NJ 08204-2234 Amount of Each Receipt this Period FEC ID number of contributing 650.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Cape Regional Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Elizabeth A. Ryan ESQ Date of Receipt Mailing Address 4 Brookside Drive 03 13 2015 City State Zip Code Transaction ID: 22367258 NJ Bordentown 08505-4439 Amount of Each Receipt this Period FEC ID number of contributing 1625.00 federal political committee. Name of Employer Occupation New Jersey Hospital Association President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1625.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Patricia B. McMullin Esq. Date of Receipt Mailing Address 330 Brookline Avenue 03 06 2015 City State Zip Code Transaction ID: 22367390 MA **Boston** 02215-5400 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Beth Israel Deaconess Medical Center Director of Intergovernmental Relation Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 2537.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE I	NUMBER:	PAGE	54 O	F
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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes, other than using the commercial purposes.	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  Mr. Winfield S Brown FACHE  Mailing Address 49 Village View Road		Date of Receipt
City	State Zip Code	03 06 2015
Westford	State Zip Code MA 01886-2359	Transaction ID : 22367391  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer  Heywood Hospital	Occupation President and Chief Executive Officer	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)  Mr. Steven F Bradley  Mailing Address 758 Olympia (1994)	<b>'</b>	Date of Receipt
Mailing Address 759 Chestnut Street	State 7in Code	03 06 2015
City Springfield	State Zip Code MA 01199-0001	Transaction ID : 22367394  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	562.50
Name of Employer Baystate Franklin Medical Center	Occupation President, Baystate Northern Region	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	
Full Name (Last, First, Middle Initial) C. Dr. Joanne Conroy MD		Date of Receipt
Mailing Address 41 Mall Road		03 06 2015
City Burlington	State Zip Code MA 01805-0001	Transaction ID : 22367396  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	562.50
Name of Employer	Occupation	-
Lahey Hospital & Medical Center, Burli	Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	
SUBTOTAL of Receipts This Page (optional).	•	1875.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 55 OF 117 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Philip M Cormier Date of Receipt Mailing Address 736 Cambridge Street 03 06 2015 City Zip Code State Transaction ID: 22367397 Brighton MA 02135-2907 Amount of Each Receipt this Period FEC ID number of contributing 562.50 federal political committee. Name of Employer Occupation Chief Operating Officer St. Elizabeth's Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Scott Hartman Date of Receipt Mailing Address 32 Oneida Road 03 06 2015 City State Zip Code Transaction ID: 22367398 MA Acton 01720-2323 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Lahey Hospital & Medical Center, Burli Vice President Governmental Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Patricia Noga Date of Receipt Mailing Address 325 Oak Street 03 06 2015 City Zip Code State Transaction ID: 22367399 MA Marshfield 02050-6226 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Senior Director of Clinical Affairs Massachusetts Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1087.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 56 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms Nicole DeVita Date of Receipt Mailing Address 41 Mall Road 03 06 2015 City Zip Code State Transaction ID: 22367473 01805-0001 Burlington MA Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Lahey Hospital & Medical Center, Burli Sr. V.P., Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Patrick Jordan III MBA Date of Receipt Mailing Address 2014 Washington Street 03 06 2015 City State Zip Code Transaction ID: 22367474 MA **Newton Lower Falls** 02462-1699 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Newton-Wellesley Hospital Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Lynn B Nicholas FACHE Date of Receipt Mailing Address 5 New England Executive Park 2015 03 06 City State Zip Code Transaction ID: 22367475 MA Burlington 01803-5010 Amount of Each Receipt this Period FEC ID number of contributing 1300.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Massachusetts Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 1937.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 57 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Kevin Norton Date of Receipt Mailing Address 46 Monmouth Street 03 06 2015 City Zip Code State Transaction ID: 22367476 East Boston MA 02128-1308 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Name of Employer Occupation Chief Executive Officer Lahey Health Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard Iseke MD Date of Receipt Mailing Address 41 Highland Avenue 03 06 2015 City State Zip Code Transaction ID: 22367479 Winchester MA 01890-1446 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Winchester Hospital Vice President Medical Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Charlotte Ipsan Date of Receipt Mailing Address 4001 Dutchman's Lane 03 18 2015 City Zip Code State Transaction ID: 22367736 KY Louisville 40207-4720 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Chief Administrative Officer Norton Suburban Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1137.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

## SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Hospital Association PA	vC	
Name of Employer  Queen's Medical Center  Perceint For:	State Zip Code HI 96813-4512  C  Decupation President  Aggregate Year-to-Date   500.00	Date of Receipt  03 30 2015  Transaction ID: 22367738  Amount of Each Receipt this Period  500.00
Name of Employer Centura Health S Receipt For:	State Zip Code CO 80111-3043  C  Decupation enior Vice President Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M J D D J 2015  Transaction ID: 22367742  Amount of Each Receipt this Period  250.00
Name of Employer  Yuma District Hospital  Committee:  On the committee	State Zip Code CO 80759-2641  C  Cccupation Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 30 2015  Transaction ID: 22367744  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only	<u></u>	1250.00

	FOR LINE		: [	PAGE	59	OF	117
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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
$\Big angle$ American Hospital Association F	PAC	
Full Name (Last, First, Middle Initial)  Mr. Douglas Brown  Mailing Address 1 Biotech Park		Date of Receipt
Maning Address   Blotech Park		03 27 2015
City	State Zip Code	Transaction ID : 22367751
Worcester	MA 01605-2982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
UMass Memorial Health Care, Inc.	Senior Vice President for Member Hospi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)  Ms. Sheila Daly RN, MS, CP		Date of Receipt
Mailing Address 201 Highland Street		M = M / D = D / Y = Y = Y
City	State Zip Code	03 27 2015 Transaction ID : 22367752
Clinton	MA 01510-1096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer	Occupation	
Clinton Hospital	President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial)  Ms. Amy J Hoey RN, BSN, M		Date of Receipt
Mailing Address 295 Varnum Avenue		03 27 2015
City	State Zip Code	Transaction ID : 22367753
Lowell	MA 01854-2134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer	Occupation	
Lowell General Hospital	Executive Vice President and Chief Ope	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	1125.00
TOTAL This Period (last page this line number of	only)	

	FOR LINE NUMBER:	PAGE	60 OF	117
Use separate schedule(s) for each category of the	(check only one)	_		
Detailed Summary Page	X 11a   11b	11c	12	
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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Gary P Marlow Date of Receipt Mailing Address P O Box 2014 03 2015 27 City Zip Code State Transaction ID: 22367754 NH Nashua 03061-2014 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Chief Financial Officer Beverly Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Steven P Roach MBA, FACHE Date of Receipt Mailing Address 200 Groton Road 03 27 2015 City State Zip Code Transaction ID: 22367755 Ayer MA 01432-3300 Amount of Each Receipt this Period FEC ID number of contributing 562.50 federal political committee. Name of Employer Occupation UMass Memorial-Marlborough Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Kerry Watson Date of Receipt Mailing Address 357 Commercial St 2015 03 27 #178 City State Zip Code Transaction ID: 22367756 MA **Boston** 02109-1295 Amount of Each Receipt this Period FEC ID number of contributing 1125.00 С federal political committee. Name of Employer Occupation President Newton-Wellesley Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) 1950.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:					PAGE	31	OF	•	117	
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Detailed Summary Page		×	11a		11b		11c	12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Louis J Woolf Date of Receipt Mailing Address 1200 Centre Street 03 27 2015 City State Zip Code Transaction ID: 22367757 MA **Boston** 02131-1011 Amount of Each Receipt this Period FEC ID number of contributing C 562.50 federal political committee. Name of Employer Occupation Hebrew Rehabilitation Center President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)  $\blacktriangledown$ 562.50 Full Name (Last, First, Middle Initial) **B.** Mr. Kirby Johnson Date of Receipt Mailing Address 509 North Madison Street 03 2015 26 City State Zip Code Transaction ID: 22367770 Bloomfield IΑ 52537-1271 Amount of Each Receipt this Period

	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Davis County Hospital  Receipt For:  Primary General Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	
C.	Full Name (Last, First, Middle Initial)  Mr. Matt Wille  Mailing Address 610 10th Street		Date of Receipt  03 26 2015
	City Perry	State Zip Code IA 50220-2221	Transaction ID : 22367771  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Dallas County Hospital	Chief Executive Officer	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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	FOF	PAGE	6	62 (	OF	117				
Use separate schedule(s) for each category of the	(che	ck only	or	ne)		_				
Detailed Summary Page	×	11a		11b		11c		12		
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. Raymond F Fredericks  Mailing Address 302 Brooklyn Boulevard		Date of Receipt
		03 27 2015
City	State Zip Code	Transaction ID: 22367805
Sea Girt	NJ 08750-2001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1625.00
Name of Employer	Occupation	-
JFK Health System	President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
Full Name (Last, First, Middle Initial)  3. Mr. Douglas A Struyk CPA		Date of Receipt
Mailing Address 14 Benson Drive	Chata 7:- Cada	03 27 2015
City	State Zip Code NJ 07470-3923	Transaction ID : 22367806
Wayne	NJ 07470-3923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	975.00
Name of Employer Christian Health Care Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	
Full Name (Last, First, Middle Initial)  C. Ms. Vickie L Diamond RN, MS	'	Date of Receipt
Mailing Address 1233 East Second Street		03 31 2015
City	State Zip Code	Transaction ID: 22370257
Casper	WY 82601-2926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Wyoming Medical Center	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		3100.00
TOTAL This Period (last page this line number	er only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 63 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Rodney F Hochman MD Date of Receipt Mailing Address 1801 Lind Avenue SW 03 2015 31 City Zip Code State Transaction ID: 22370262 WA Renton 98057-3368 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Providence Health & Services Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stephen M. Ahnen Date of Receipt Mailing Address 125 Airport Road 03 31 2015 City State Zip Code Transaction ID: 22370266 NH Concord 03301-7300 Amount of Each Receipt this Period FEC ID number of contributing 45.50 federal political committee. Name of Employer Occupation New Hampshire Hospital Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 227.50 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Judy Corzine Date of Receipt Mailing Address 3621 SW Woodvalley Place 03 31 2015 City Zip Code State Transaction ID: 22370292 KS Topeka 66614-3536 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Administrative Director and CIO Stormont-Vail HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1145.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	64 OF	117
Use separate schedule(s) for each category of the	(check only one)			
Detailed Summary Page	X 11a 11b	11c	12	
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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Kent Palmberg MD Date of Receipt Mailing Address 1216 SW Westside Drive 03 2015 31 City Zip Code State Transaction ID: 22370307 KS Topeka 66615-1236 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Stormont-Vail HealthCare Senior Vice President and Chief Medica Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Laura D. Appel Date of Receipt Mailing Address 224 Vicksburg 03 31 2015 City State Zip Code Transaction ID: 22370351 MI Lansing 48917-9607 Amount of Each Receipt this Period FEC ID number of contributing 525.00 federal political committee. Name of Employer Occupation Michigan Health & Hospital Association Vice President, Federal Policy & Advoc Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Daniel M. George Date of Receipt Mailing Address 672 Morningside Drive 03 31 2015 City Zip Code State Transaction ID: 22370353 MI **Grand Blanc** 48439-2312 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Covenant Healthcare Vice President, Ambulatory Services Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1375.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 65 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Elizabeth S Schnettler Date of Receipt Mailing Address 315 Mulholland Street 03 2015 31 City Zip Code State Transaction ID: 22370355 Bay City MI 48708-7697 Amount of Each Receipt this Period FEC ID number of contributing 211.75 federal political committee. Name of Employer Occupation Hospital Council of East Central Michi President Receipt For: Aggregate Year-to-Date ▼ Primary General 211.75 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Spencer L. Grover Date of Receipt Mailing Address 3636 Emily Way 03 31 2015 City State Zip Code Transaction ID: 22370361 IN Carmel 46033-4442 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Indiana Hospital Association Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael J Packnett Date of Receipt Mailing Address 10125 Silver Lake Court 2015 03 31 City Zip Code State Transaction ID: 22370362 IN Fort Wayne 46825-7252 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Parkview Health Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1211.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	. (	36 O	F	11
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or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. Brian Tabor  Mailing Address 10762 Forest Lake Court  City Indianapolis  FEC ID number of contributing federal political committee.	State Zip Code IN 46278-9610	Date of Receipt  03 31 2015  Transaction ID: 22370363  Amount of Each Receipt this Period
Name of Employer Indiana Hospital Association Receipt For:  Primary General Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Ms. Kristen D. W. Morris  Mailing Address 33700 Woodleigh Rd  City	Date of Receipt  03 11 2015  Transaction ID : 22399736	
Pepper Pike  FEC ID number of contributing federal political committee.  Name of Employer	OH 44124-5259  C Occupation	Amount of Each Receipt this Period 500.00
Cleveland Clinic Health System  Receipt For:  Primary General  Other (specify) ▼	Chief Government Relations Officer  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Mr. Carlos Jackson  Mailing Address 1458 Spring Rd NW  City  Washington	State Zip Code DC 20010-1236	Date of Receipt  03 11 2015  Transaction ID : 22399737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Cleveland Clinic  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Senior Director, Government Relations  Aggregate Year-to-Date ▼  500.00	500.00
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number	only)	

## SCHEDULE A (FEC Form 3X)

	FOF	R LINE	NU	IMBER	:	PAGE	6	67 O	F	11
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Bernard H. Becker MA, SPHR Date of Receipt Mailing Address 4527 SW Crenshaw Dr. 03 2015 City State Zip Code Transaction ID: 22399745 KS Topeka 66610-1615 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Vice President and Chief Human Resourc Stormont-Vail HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John R Broberg FACHE Date of Receipt Mailing Address 1020 Parkshire Cir 03 12 2015 City State Zip Code Transaction ID: 22399746 KS Manhattan 66503-2475 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Mercy Regional Health Center Senior Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David J. Cunningham Date of Receipt Mailing Address 3725 Clarion Park Drive 2015 03 12 City Zip Code State Transaction ID: 22399748 KS Topeka 66610-1277 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Director of Facilities Stormont-Vail HealthCare Receipt For: Aggregate Year-to-Date ▼

250.00

1000.00

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FO	FOR LINE NUMBER: PAGE 68 O								
Use separate schedule(s)	(ch	eck only	or or	ne)						
for each category of the Detailed Summary Page	>	11a		11b		11c		12		
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for commercial purposes, other than using the	he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) Mr. Dennis L George Mailing Address 3959 Hwy 59		Date of Receipt
Walling Address 3939 Tiwy 39		03 12 2015
City	State Zip Code	Transaction ID: 22399752
Ottawa	KS 66067-8345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Associated Purchasing Services Corpora	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt
Mailing Address 325 Seventh Street, NW		M = M / D = D / Y = Y = Y
Suite 700 City	State Zip Code	03 31 2015
Washington	DC 20004-2818	Transaction ID : PR1045726234325  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	
American Hospital Association-Washingt	Senior Vice President & General Counse	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. David Schulke		Date of Receipt
Mailing Address 155 N. Wacker Dr.		03 31 2015
City	State Zip Code	Transaction ID : PR1057462134325
Chicago	IL 60606-1709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	76.94
Name of Employer	Occupation	
American Hospital Association-Chicago	VP Research Programs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		403.88

FOR LINE NUMBER: PAGE 69 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Dale A Kirby Date of Receipt Mailing Address P O Box 331 2015 31 City Zip Code State Transaction ID: PR1125892334325 CA Colusa 95932-0331 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Erik Rasmussen Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 03 31 2015 City State Zip Code Transaction ID: PR1819487934325 DC Washington 20004-2801 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Senior Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Linda Fishman Date of Receipt Mailing Address 325 Seventh Street, NW 03 31 2015 Suite 700 City Zip Code State Transaction ID: PR327629134325 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation American Hospital Association-Washingt Senior Vice President, Public Policy Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FC	R LINE	NU	IMBER	PAGE	7	70 OF	117	
Use separate schedule(s)	(ch	eck only	or or	ne)					
for each category of the Detailed Summary Page	>	<b>1</b> 1a		11b		11c		12	
		13		14		15		16	17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Hospital Associatio	n PAC	
Full Name (Last, First, Middle Initial) Mr. Michael P. McCue		Date of Receipt
Mailing Address 122 N. Greenwood Avenue		03 31 7 2015
City Park Ridge	State         Zip Code           IL         60068-3227	Transaction ID : PR327771634325  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer  American Hospital Association-Chicago	Occupation Associate Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Ms. Debra J. Stock	•	Date of Receipt
Mailing Address 1022 S. Harvey Avenue		03 31 2015
City Oak Park	State Zip Code IL 60304-2132	Transaction ID : PR327777834325  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  . Ms. Pamela Austin Thompson I	MS, RN, FA	Date of Receipt
Mailing Address 800 10th Street, NW Two CityCenter, Suite 400		03 31 / 2015
City Washington	State         Zip Code           DC         20001-5188	Transaction ID : PR327812034325  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer AONE	Occupation  AHA Senior Vice President, CEO America	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	230.82
TOTAL This Period (last page this line numb	<u>_</u>	

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for each category of the Detailed Summary Page	X	11a		11b		11c	1	2		
		13		14		15	1	6		]1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Mark Seklecki Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 31 2015 City State Zip Code Transaction ID: PR327858034325 20004-2818 DC Washington Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation Vice President, Political Affairs American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. John F. Barry Date of Receipt Mailing Address One North Franklin 03 31 2015 City State Zip Code Transaction ID: PR327877834325 MA Millis 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. George F. Bergstrom Date of Receipt Mailing Address 130 North Garland Court #3002 03 31 2015 City State Zip Code Transaction ID: PR327895734325 IL Chicago 60602-4750 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation Vice President American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify)

	FOF	FOR LINE NUMBER: PAGE 72 OF								
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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	Statements may not be sold or used by any pers e name and address of any political committee to						
NAME OF COMMITTEE (In Full)							
American Hospital Association	PAC						
Full Name (Last, First, Middle Initial)  Mr. Thomas J. Bonner FACHE		Date of Receipt					
Mailing Address P.O. Box 679010		03 31 2015					
City	State Zip Code	Transaction ID : PR327983734325					
Austin	TX 78767-9010	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	76.94					
Name of Employer	Occupation						
American Hospital Association-Chicago	Regional Executive						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)					
Full Name (Last, First, Middle Initial)  Mr. Richard J. Umbdenstock		Date of Receipt					
Mailing Address 325 Seventh Street, NW		M = M / D = D / Y = Y = Y					
Suite 700 City	State Zip Code	03 31 2015					
Washington	DC 20004-2818	Transaction ID : PR328132834325					
	20004-2818	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	76.94					
Name of Employer	Occupation						
American Hospital Association-Washingt	President and Chief Executive Officer						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)					
Full Name (Last, First, Middle Initial)  C. Ms. Barbara Lorsbach		Date of Receipt					
Mailing Address 204 7th Ave		03 31 2015					
City	State Zip Code	Transaction ID : PR328136934325					
La Grange	IL 60525-6406	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	76.94					
Name of Employer	Occupation						
American Hospital Association-Chicago	Sr. Vice President, Member Relations						
Receipt For:	1						
Primary General Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)	<b></b>	230.82					
TOTAL This Period (last page this line number	only)						

FOR LINE NUMBER: PAGE 73 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Date of Receipt Mailing Address 5545 North Wayne 2015 31 City State Zip Code Transaction ID: PR328223834325 Chicago IL 60640-1318 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation Vice President American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Ron O. Purcell Date of Receipt Mailing Address 1093 N. Faldo Way 03 31 2015 City State Zip Code Transaction ID: PR328241434325 ID Eagle 83616-5369 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Richard J. Pollack Date of Receipt Mailing Address 3475 North Venice Street 03 31 2015 City Zip Code State Transaction ID: PR328260934325 Arlington VA 22207-4446 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation **Executive Vice President** American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 74 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Date of Receipt Mailing Address 200 Clover Hill Court 2015 31 City State Zip Code Transaction ID: PR328511834325 PΑ Yardley 19067-5736 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Alicia N. Mitchell Date of Receipt Mailing Address 1501 N. Harrison Street 03 31 2015 City State Zip Code Transaction ID: PR328512034325 VA Arlington 22205-2726 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Senior Vice President, Communications Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Anthony S Burke Date of Receipt Mailing Address 155 N Wacker Dr 03 31 2015 City State Zip Code Transaction ID: PR328913334325 IL Chicago 60606-1709 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation CEO AHA Solutions, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOF	R LINE	NU	MBER	:	PAGE	: 7	75 OF	117
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
		13		14		15		16	17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Dr. John R. Combes  Mailing Address One North Franklin		Date of Receipt  03 31 2015
City Chicago FEC ID number of contributing federal political committee.	State Zip Code IL 60606-3436	Transaction ID : PR329071334325  Amount of Each Receipt this Period  76.94
Name of Employer  American Hospital Association-Chicago  Receipt For:  Primary General  Other (specify) ▼	Occupation President & Chief Operating Officer, C  Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Ms. Robyn L. Bash  Mailing Address 325 Seventh Street, NW  Suite 700  City	State Zip Code	Date of Receipt  03 31 2015  Transaction ID : PR329084434325
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 76.94
Name of Employer  American Hospital Association-Washingt  Receipt For:  Primary  General  Other (specify) ▼	Occupation Executive Director, Federal Relations  Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Mr. W. Thomas Deweese  Mailing Address 500 Interstate Boulevard Sou	uth	Date of Receipt  03 31 2015
City Nashville  FEC ID number of contributing federal political committee.	State Zip Code TN 37210-4634	Transaction ID: PR329215734325  Amount of Each Receipt this Period  76.94
Name of Employer  American Hospital Association-Chicago  Receipt For:  Primary  General  Other (specify)	Occupation  AHA Regional Executive  Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	230.82
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER:	PAGE 76 OF 117
Use separate schedule(s) for each category of the	(check only one)	_
Detailed Summary Page	X 11a 11b	11c 12
	13 14	15 16 17

American Hospital Association	n DAC	
, and real respiral resolution	n PAC	
Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
Mailing Address One North Franklin		03 31 2015
City	State Zip Code	Transaction ID : PR330411634325
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	+
American Hospital Association-Chicago	Associate Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	_1	Date of Receipt
Mailing Address 4960 138th Circle West		03 31 2015
City	State Zip Code	Transaction ID : PR330475434325
Apple Valley	MN 55124-9229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	†
American Hospital Association-Chicago	Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
Mailing Address 172 Atteridge		03 31 2015
City	State Zip Code	Transaction ID : PR330549234325
Lake Forest	IL 60045-1715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	†
American Hospital Association-Chicago	Vice President, Constituency Section	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		P/R Deduction (\$38.47 Bi-Weekly)
Other (specify)	230.82	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	230.82

FOR LINE NUMBER: PAGE 77 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush Date of Receipt Mailing Address 26 West Glendale Ave. 2015 31 City Zip Code State Transaction ID: PR331304234325 Alexandria VA 22301-2402 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Vice President, Operations - APP Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Megan Cundari Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 03 31 2015 City State Zip Code Transaction ID: PR518031934325 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Senior Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Ashley B. Thompson Date of Receipt Mailing Address 606 S. Royal St. 31 2015 City Zip Code State Transaction ID: PR766023734325 Alexandria VA 22314-4142 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation American Hospital Association-Washingt Director, Policy Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... 103227.01 TOTAL This Period (last page this line number only).....

### S 17

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 OF 117 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	statements may	ay not be sold or used by any po address of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association	PAC		
Α.	Full Name (Last, First, Middle Initial) TENET Healthcare Corporation Feder	ral PAC		Date of Receipt
	Mailing Address 1445 Ross Avenue Suite 1400			03 17 2015
	City Dallas	State TX	Zip Code 75202	Transaction ID : 22363726  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0119354	5000.00
	Name of Employer	Occupation	1	
	Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
s	SUBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE A (FEC Form 3X	()	FOR LINE NUMBER: PAGE 79 OF 117
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c X 12
Any information copied from such Poports on	d Statements may not be sold or used by any	person for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and address of any political commit	tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association	on PAC	
Full Name (Last, First, Middle Initial)  A. Wisconsin Hospital Association Fe	deral PAC	Date of Receipt
Mailing Address 5510 Research Park Drive	3	M = M / D = D / Y = Y = Y
PO Box 259038	Otata 7in Onda	03 02 2015
City Madison	State Zip Code WI 53725-9038	Transaction ID : 22342888
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00422881	500.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial)  3. Wisconsin Hospital Association F	ederal PAC	Date of Receipt
Mailing Address 5510 Research Park Drive		M = M / D = D / Y = Y = Y
PO Box 259038		03 02 2015
City	State Zip Code	Transaction ID: 22342932
Madison	WI 53725-9038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00422881	100.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1600.00	
Full Name (Last, First, Middle Initial)  C. Hospital and Healthsystem Ass	soc. of PA (F)	Date of Receipt
Mailing Address Post Office Box 8600		03 25 _2015 _
City	State Zip Code	Transaction ID : 22364347
Harrisburg	PA 17105-8600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00128082	15000.00
Name of Employer	Occupation	
Receipt For:	Annual Visit Bate	
Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	15000.00	
SUBTOTAL of Receipts This Page (optional	)	15600.00
	,	
TOTAL This Period (last page this line number	per only)	·

SCHEDULE A (FEC Form 3X	() <u> </u>	,	FOR LINE NUMBER: PAGE 80 OF 117
TEMIZED RECEIPTS		se separate schedule(s) or each category of the	(check only one)
		etailed Summary Page	11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports an	Ind Statements may no	ot be sold or used by any n	erson for the purpose of soliciting contributions
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	_		
American Hospital Association	on PAC		
Full Name (Last, First, Middle Initial)  A. Wisconsin Hospital Association Fe	deral PAC		Date of Receipt
Mailing Address 5510 Research Park Drive	e		M = M / D = D / Y = Y = Y
PO Box 259038	0	7' 0 1	03 31 2015
City Madison	State WI	Zip Code 53725-9038	Transaction ID : 22370256
		00720 0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00422	881	1000.00
Name of Employer	Occupation		
Receipt For:	Aggregate Year	-to-Date ▼	
Primary General	199.19	<del></del>	1
Other (specify) ▼		2600.00	
Full Name (Last, First, Middle Initial)  3. Texas Hospital Association HOS	PAC - Federal		Date of Receipt
Mailing Address P.O. Box 15587			M = M / D = D / Y = Y = Y
0.1	04-4-	7'- 0-1-	03 31 2015
City Austin	State TX	Zip Code 78761-5587	Transaction ID : 22370350
	17	76701-3367	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C003013	325	25000.00
Name of Employer	Occupation		
Receipt For:	Aggregate Year	-to-Date ▼	
Primary General	33 13		1
Other (specify) ▼		25000.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Fook Passint this Paried
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation		
Receipt For: Primary General	Aggregate Year	r-to-Date ▼	
Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional	)		26000.00
			41600.00
TOTAL This Period (last page this line numl	ber only)		41000.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 OF 117
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	11a   11b   11c   12 13   14   15   16   <b>X</b>   17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname	ay not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American Hospital Association P	AC		
Α.	Full Name (Last, First, Middle Initial) TD Bank			Date of Receipt
	Mailing Address 901 Seventh Street, NW			03 31 2015
	City	State	Zip Code	Transaction ID : 22402961
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		157.74
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		429.86	Interest Earned
_	Full Name (Local First Middle 1979)		,	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing	С		
	federal political committee.			
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼			J.
<del>С</del> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		This are the same of the same
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 3 3		1
	Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,	1
s	SUBTOTAL of Receipts This Page (optional)		)	157.74

TOTAL This Period (last page this line number only).....

157.74

ary Page	
Code 03  O01  Categor Type	Date of Disbursement  O3
Code 03  001  Catego Type  General	Date of Disbursement  M M M / D D / Y Y Y Y Y  03 / 02 / 2015  Transaction ID : 22402963  Amount of Each Disbursement this Period  116 26
001 Category Type General	Transaction ID : 22402963  Amount of Each Disbursement this Period  116 26
001 Category Type General	Transaction ID : 22402963  Amount of Each Disbursement this Period  116 26
001 Category Type General	Transaction ID : 22402963  Amount of Each Disbursement this Period  116.26
001 Category Type General	Amount of Each Disbursement this Period
001 Catego Type	rry/ 116.26
Catego Type General	rry/ 116.26
General	
,	Merchant Fees
	Date of Disbursement
	03 03 2015
	Transaction ID : 22402964
001	Amount of Each Disbursement this Period
Catego	
General	Merchant Fees
	Date of Disbursement
	03 04 2015
	Transaction ID: 22402965
001	Amount of Each Disbursement this Period
Catego Type	
General	Merchant Fees
	Catego Type  General  Code 54  Oo1 Catego Type

SCHEDULE B (FEC Form 3X)	l		FOR LINE	NUMBER: PAGE 83 OF 117
TEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)
		Summary Page	X 21b 27	22   23   24   25   26 28a   28b   28c   29   30
Any information copied from such Reports and Stater	ments max	not be sold or use		
or for commercial purposes, other than using the nan	ne and add	ress of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)				
American Hospital Association PA	С			
Full Name (Last, First, Middle Initial)				
- TD Bank				Date of Disbursement
Mailing Address 901 Seventh Street, NW				03 16 2015
City	State	Zip Code		T (1 ID 0010000
Washington	DC	20001		Transaction ID: 22402966
Purpose of Disbursement Bank Fee			001	Amount of Each Disbursement this Period
Candidate Name			Category/	184.77
Office Sought: House Disburser	mont For		Туре	104.77
Senate Dispurser	ment For: Primary	General		Donk Foo
President	Other (spe			Bank Fee
State: District:		•		
Full Name (Last, First, Middle Initial)				
U.S. Treasury				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y Y
Mailing Address P.O. Box 2188				03 11 2015
City S Parkersburg	State WV	Zip Code 26106-2188		Transaction ID: 22402967
Purpose of Disbursement		20100-2100		
Federal Taxes			001	Amount of Each Disbursement this Period
Candidate Name			Category/	877.00
Office Cought			Type	011.00
Office Sought: House Disburser Senate	ment For: Primary	General		Federal Taxes
Jonato	. initially	Goneral		= COTOTOL LOVOE
President	Other (spe	cify) 🔻		rederal raxes
State: President District:	Other (spe	cify) ▼		rederal raxes
	Other (spe	cify) 🔻		reuerar raxes
State: District:  Full Name (Last, First, Middle Initial)	Other (spe	cify) ▼		Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)	Other (spe	cify) ▼		
State: District:  Full Name (Last, First, Middle Initial)	Other (spe	cify) ▼		Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address	Other (spe	cify) ▼ Zip Code		Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City				Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address				Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City			Category/ Type	Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name			Category/ Type	Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate	State  ment For: Primary	Zip Code  General	Category/ Type	Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President	State ment For:	Zip Code  General	Category/ Type	Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate	State  ment For: Primary	Zip Code  General	Category/ Type	Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President  State: District:	State  ment For: Primary Other (spe	Zip Code  General cify)	Type	Date of Disbursement  M M / D D / Y Y Y Y Y  Amount of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President	State  ment For: Primary Other (spe	Zip Code  General cify)	Type	Date of Disbursement

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 💢 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	me and address of any politic	car committee to	Solicit contributions from such committee.
American Hospital Association PA	.C		
·			
Full Name (Last, First, Middle Initial)			Data of Diaburgament
A. Deb Fischer For U.S. Senate Inc			Date of Disbursement
Mailing Address 5555 South St			03 03 2015
City	State Zip Code		
Lincoln	NE 68506		Transaction ID: 22346592
Purpose of Disbursement 2018 Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this renou
Sen. Deb Fischer		Category/ Type	1000.00
Office Sought: House Disburse	ement For: 2018		
X Senate	Primary General		2018 Contribution
State: NE District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Vern Buchanan For Congress			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address P. O. Box 48928			03 03 2015
City Sarasota	State Zip Code FL 34230		Transaction ID: 22346593
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Vern Buchanan		Category/	1000.00
Nep. Veili buchanan		Type	
Office Sought: V House Disburse	ement For: 2016		
	ement For: 2016 Primary General		Contribution
			Contribution
Senate President  State: FL District: 16	Primary General		Contribution
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)	Primary General		
Senate President  State: FL District: 16	Primary General		Date of Disbursement
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)	Primary General		
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334	Primary General Other (specify) ▼		Date of Disbursement
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City	Primary General Other (specify) ▼  State Zip Code		Date of Disbursement
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement	Primary General Other (specify) ▼		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement Contribution	Primary General Other (specify) ▼  State Zip Code	011	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement Contribution  Candidate Name	Primary General Other (specify) ▼  State Zip Code	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President  State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement Contribution  Candidate Name Rep. Michael C. Burgess M.D.	Primary General Other (specify) ▼  State Zip Code TX 76202		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President  State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement Contribution  Candidate Name Rep. Michael C. Burgess M.D.	Primary General Other (specify) ▼  State Zip Code	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement Contribution  Candidate Name Rep. Michael C. Burgess M.D.  Office Sought: House Disburse	Other (specify) ▼  State Zip Code TX 76202	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement Contribution  Candidate Name Rep. Michael C. Burgess M.D.  Office Sought:  House Senate	Primary General Other (specify) ▼  State Zip Code TX 76202  Primary General General	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President  State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement Contribution  Candidate Name Rep. Michael C. Burgess M.D.  Office Sought: House Senate President State: TX District: 26	Other (specify) ▼  State Zip Code TX 76202  ement For: 2016 Primary General Other (specify) ▼	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President  State: FL District: 16  Full Name (Last, First, Middle Initial)  C. Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton Purpose of Disbursement Contribution  Candidate Name  Rep. Michael C. Burgess M.D.  Office Sought: House Senate President	Other (specify) ▼  State Zip Code TX 76202  ement For: 2016 Primary General Other (specify) ▼	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 85	OF 117
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oncore ormy		
	Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 29	26 30b
Any information copied from such Paparts and States	anto may not be cold or i			
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAG				
·				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Doggett For U.S. Congress				
Mailing Address PO Box 5843			03 03 2015	" Y
,	State Zip Code		Transaction ID : 22346595	
Austin Purpose of Disbursement	TX 78763			
Contribution		011	Amount of Each Disbursement this	s Period
Candidate Name		Category/		
Rep. Lloyd Doggett		Type	200	00.00
	nent For: 2016	•		
	Primary General		Contribution	
State: TX District: 35	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Steve Israel For Congress Commit	too		Date of Disbursement	
Oleve Islael For Congress Commit	100		M = M / D = D / Y = Y = Y	Y
Mailing Address PO Box 1400			03 03 2015	
-				
City S Melville	State Zip Code NY 11747		Transaction ID: 22346596	
Purpose of Disbursement	11747			
Contribution		011	Amount of Each Disbursement this	s Period
Candidate Name		Category/	10	00.00
Rep. Steve J. Israel	. =	Туре	10	00.00
	nent For: 2016 Primary General			
President	Other (specify)		Contribution	
State: NY District: 03	<b>(</b>			
Full Name (Last, First, Middle Initial)				
C. Kind For Congress Committee			Date of Disbursement	
			M = M / D = D / Y = Y = Y	Y
Mailing Address 205 5th Avenue South			03 03 2015	
City	State Zip Code			
La Crosse	WI 54601		Transaction ID: 22346597	
Purpose of Disbursement Contribution				
Candidate Name		011	Amount of Each Disbursement this	s Period
Rep. Ron Kind		Category/	100	00.00
	nent For: 2016	Туре		
	Primary General		Contribution	
President	Other (specify)			
State: WI District: 03				
			400	20.00
SUBTOTAL of Disbursements This Page (optional)		·····•	400	00.00

SCHEDULE B (FEC Form 3)	Use separate schedule(s		INE NUMBER: PAGE 86 OF 117			
ITEMIZED DISBURSEMENTS	for each category of the	) (check only 21b	one) 22 🗙 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30k			
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NAME OF COMMITTEE (In Full)	g the hame and address of any point	iodi committee te	o denote dentitibutions from dual dentitibutes.			
American Hospital Association	on PAC					
Full Name (Last, First, Middle Initial)						
A. Larson For Congress			Date of Disbursement			
Mailing Address PO Box 261172			03 03 2015			
City	State Zip Code		Transaction ID : 22346598			
Hartford	CT 06126		Transaction ib . 22340390			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. John B. Larson		Туре	1000.00			
Office Sought: House Senate President	Disbursement For: 2016  Primary General  Other (specify) ▼		Contribution			
State: CT District: 01						
Full Name (Last, First, Middle Initial)						
B. Re-Elect McGovern Commit	tee		Date of Disbursement			
Mailing Address PO Box 60405			03 03 2015			
City Worcester	State Zip Code MA 01606		Transaction ID: 22346649			
Purpose of Disbursement	01000					
Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1500.00			
Rep. James P. McGovern  Office Sought:  House	Disbursement For: 2016	Туре				
Senate President State: MA District: 02	Primary General Other (specify)		Contribution			
Full Name (Last, First, Middle Initial)						
C. Kristi For Congress			Date of Disbursement			
Mailing Address PO Box 852			03 03 2015			
City	State Zip Code					
Sioux Falls	SD 57101		Transaction ID: 22346650			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. Kristi Lynn Noem		Type	1500.00			
Senate	Disbursement For: 2016  Primary  General		Contribution			
State: SD District: 00	Other (specify)					
cate. OD District. 00						
SUBTOTAL of Disbursements This Page (c	ptional)		4000.00			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 87 OF 117			
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 🔀 23 🗆 24 🗆 25 🖂 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full)	ame and address of any politica	ai committee to	Solicit contributions from Such committee.			
American Hospital Association PA	7C					
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Full Name (Last, First, Middle Initial)			Data of Dishurasment			
A. Pallone For Congress			Date of Disbursement			
Mailing Address PO Box 3176			03 03 2015			
City	State Zip Code		Transaction ID - 22246652			
Long Branch	NJ 07740		Transaction ID: 22346652			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period			
Candidate Name			Amount of Each bissardoment this Foriog			
Rep. Frank Pallone Jr.		Category/ Type	1000.00			
	ement For: 2016					
Senate President	Primary General		Contribution			
State: NJ District: 06	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. Nancy Pelosi For Congress			Date of Disbursement			
Mailing Address 700 13th Street, Nw			03 03 2015			
Suite 600			00 00 2010			
City Washington	State Zip Code DC 20005		Transaction ID: 22346653			
Purpose of Disbursement	20003					
Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
Rep. Nancy Pelosi  Office Sought:  House Disburs	ement For: 2016	Туре	333333			
	Primary General		Contribution			
President	Other (specify) ▼		Contribution			
State: CA District: 12						
Full Name (Last, First, Middle Initial)			Data of Bishamana			
C. Quigley For Congress			Date of Disbursement			
Mailing Address PO Box 13040			03 03 2015			
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City Chicago	State Zip Code IL 60613		Transaction ID: 22346654			
Purpose of Disbursement	12 00013					
Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. Michael Quigley  Office Sought:  House Disburs	ement For: 2016	Туре	7 7			
Senate	Primary General		Contribution			
President	Other (specify) ▼					
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	American Hospital Association PAC	;									
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Δ	Full Name (Last, First, Middle Initial)					Date of	Disburse	ment			
•	Simpson For Congress					M M	/		YY	Y	
	Mailing Address 1487 Parkway Drive					03	03	3	2015		
	City	State	Zip Code			Trans	aatian ID	. 2224665			-
	Blackfoot	ID	83221			irans	action ID	. 2234663	อ		
	Purpose of Disbursement Contribution			011	7	Amount	of Each	Dishursem	ent this	Period	
	Candidate Name				,/	, anount	OI Edoil	Diobal con		Tonou	
	Rep. Mike K. Simpson			Category Type	"				100	0.00	
		nent For: 2									
		Primary Other (spec	General			Contribu	ıtion				
	State: ID District: 02	Caron (Spec	y/ <b>▼</b>								
	Full Name (Last, First, Middle Initial)										
В.	Alamo PAC					Date of	Disburse	ment			
	Mailing Address 919 Congress Ave.					M M M	/ D 03		2015	Y	
	Suite 1400					40					
	,	State TX	Zip Code 78701			Trans	action ID	: 2234665	6		
	Purpose of Disbursement				-						
	2015 Contribution			011		Amount	of Each	Disbursem	ent this	Period	
	Candidate Name Alamo PAC			Category	//				100	00.00	
	Office Sought: House Disbursem	nent For:		Туре			,	,			
		Primary	General			2015 Co	ontribution				
		Other (spec	eify) 🔻								
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C.	Full Name (Last, First, Middle Initial)  Denali Leadership PAC					Date of	Disburse	ment			
						M M	/ D	D / Y	YY	Y	
	Mailing Address 16158 Essex Park Dr.					03	03	3	2015		
	City	State	Zip Code		-+	<b>-</b>		000 100	<del>-</del>		_
	Anchorage	AK	99516			Trans	action ID	: 2234665	1		
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	Denali Leadership PAC			Category Type	"				100	0.00	
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т	OTAL This Period (last page this line number only).										

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 89 OF 117	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)		
	Detailed Summary Page	21b 27		24 25 26 28c 29 30b	
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NAME OF COMMITTEE (In Full)	•				
American Hospital Association Pa	AC				
Full Name (Last, First, Middle Initial)	<u> </u>		Date of Did		
A. Forward Together PAC			Date of Disbursement	Y	
Mailing Address 201 N. Union Street Suite 300			03 03	2015	
City	State Zip Code		Transaction ID : 223	46659	
Alexandria	VA 22314		Halisaction ID . 223	40030	
Purpose of Disbursement 2015 Contribution		011	Amount of Each Disbu	ursement this Period	
Candidate Name		Category/		1000.00	
Forward Together PAC  Office Sought: House Disburs	ement For:	Туре		.555.00	
State: District:	Primary General Other (specify) ▼		2015 Contribution		
Full Name (Last, First, Middle Initial)					
B. HALPAC-Help America's Leaders	S PAC		Date of Disbursement	Y   Y   Y   Y	
Mailing Address 1155 21st Street, NW Suite 300			03 03	2015	
City Washington	State Zip Code DC 20036		Transaction ID : 223	46659	
Purpose of Disbursement 2015 Contribution		011	Amount of Each Disbu	ursement this Period	
Candidate Name	DAC	Category/		1000.00	
HALPAC-Help America's Leaders Office Sought: House Disburs		Туре	7	.500.00	
State: District:	ement For:  Primary General  Other (specify) ▼		2015 Contribution		
Full Name (Last, First, Middle Initial)					
C. Hoosiers First PAC			Date of Disbursement	Y Y Y Y	
Mailing Address 215 South St. Joseph Street Suite 600			03 03	2015	
City South Bend	State Zip Code IN 46601		Transaction ID : 223	46660	
Purpose of Disbursement 2015 Contribution		011	Amount of Each Disbu	ursement this Period	
Candidate Name		Category/		1000.00	
Hoosiers First PAC		Туре		1000.00	
Senate President	ement For:  Primary General  Other (specify) ▼		2015 Contribution		
State: District:					
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TOTAL This Period (last page this line number on	y)			,	

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 90 OF 11				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 2  28a 28b 28c 29 3				
Any information copied from such Reports and Staten or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)							
Making Business Excel PAC			Date of Disbursement				
Mailing Address P.O. Box 3241			03 03 2015				
•	State Zip Code WY 82003		Transaction ID : 22346661				
Cheyenne Purpose of Disbursement	WY 82003						
2015 Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Making Business Excel PAC		Туре	1000.00				
Office Sought: House Disbursen Senate President State: District:	nent For:  Primary General  Other (specify)		2015 Contribution				
Full Name (Last, First, Middle Initial)  - Orrin PAC			Date of Disbursement				
Mailing Address 175 S. West Temple Suite 650			03 03 7 2015				
City	State Zip Code						
Salt Lake City	UT 84101		Transaction ID: 22346662				
Purpose of Disbursement 2015 Contribution		011	Amount of Each Disbursement this Period				
Candidate Name	I						
Orrin PAC		Category/ Type	1000.00				
	nent For: Primary General Other (specify)		2015 Contribution				
Full Name (Last, First, Middle Initial) - Senate Victory Fund			Date of Disbursement				
Mailing Address PO Box 7183			03 03 7 2015				
City	State Zip Code						
Tupelo	MS 38802		Transaction ID: 22346663				
Purpose of Disbursement							
2015 Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	5000.00				
Senate Victory Fund Office Sought: House Disbursen	aont For:	Туре	355.00				
Senate President	Primary General  Other (specify)		2015 Contribution				
State: District:							
SUBTOTAL of Disbursements This Page (optional)			7000.00				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 91 OF 117 only one)			
TEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one) 22 🔀 23 🔲 24 🔲 25 🖂 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full)	and address of any political	John Miller 10	Control of the Contro			
American Hospital Association PAC	C					
Full Name (Last, First, Middle Initial)		T				
A. Pete Aguilar For Congress			Date of Disbursement			
			M M / D D / Y Y Y			
Mailing Address PO Box 10954			03 03 2015			
,	State Zip Code		Transaction ID : 22346664			
San Bernadino	CA 92423		11d113d3d311112 : 22040004			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Pete Aguilar		Type	1000.00			
	nent For: 2016 Primary General		Contribution			
President State: CA District: 31	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. Matsui For Congress			Date of Disbursement			
Mailing Address PO Box 1738			03 03 2015			
			03 03 2013			
City S Sacramento	State Zip Code CA 95812		Transaction ID: 22346665			
Purpose of Disbursement Contribution		1				
Candidate Name		011	Amount of Each Disbursement this Period			
Rep. Doris Matsui		Category/ Type	2700.00			
Office Sought: House Disbursen	nent For: 2016	71				
	Primary General		Contribution			
President State: CA District: 06	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. Bennet For Colorado			Date of Disbursement			
Mailing Address PO Box 3078			03 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
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,	State Zip Code CO 80201		Transaction ID: 22346666			
Purpose of Disbursement	00201					
Contribution		011	Amount of Each Disbursement this Period			
Candidate Name Sen. Michael F. Bennet		Category/ Type	1000.00			
	nent For: 2016	Type				
Senate	Primary General		Contribution			
State: CO District:	Other (specify) ▼					
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TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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	Detailed Summary Page	27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	AC .		
Full Name (Last, First, Middle Initial)			Data of Bishamanan
A. Lois Frankel For Congress			Date of Disbursement
Mailing Address PO Box 812421			03 03 2015
City	State Zip Code		Transaction ID - 00240007
Boca Raton	FL 33481		Transaction ID: 22346667
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Lois Frankel		Type	5000.00
Office Sought: House Disburse Senate President	ement For: 2016 Primary General Other (specify) ▼		Contribution
State: FL District: 22			
Full Name (Last, First, Middle Initial)			5. (5:1
B. Graham For Congress			Date of Disbursement
Mailing Address PO Box 310			03 03 2015
City Tallahassee	State Zip Code FL 32302		Transaction ID: 22346668
Purpose of Disbursement	32002		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Gwen Graham  Office Sought:	ement For: 2016	Type	4
	Primary General  Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			
C. Friends Of Dan Kildee			Date of Disbursement
Mailing Address P.O. Box 248			03 03 2015
City	State Zip Code		Transaction ID : 22346669
Flint	MI 48501		Transaction ib . 22340009
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Dan Kildee		Type	1000.00
Office Sought: House Disburse Senate President	ement For: 2016 Primary General Other (specify)		Contribution
State: MI District: 05			
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$\overline{}$	NAME OF COMMITTEE (In Full)	, , ,		
	American Hospital Association PAC	•		
	American Hospital Association 1 Ac	,		
	Full Name (Last, First, Middle Initial)			
Α.	Upton For All Of Us			Date of Disbursement
				M M / D D / Y Y Y
	Mailing Address P.O. Box 490			03 03 2015
	City	State Zip Code		
	St. Joseph	MI 49085		Transaction ID: 22346670
	Purpose of Disbursement	.0000		
	Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Rep. Frederick Stephen Upton		Type	1000.00
		nent For: 2016		
		Primary General		Contribution
		Other (specify) ▼		
	State: MI District: 06			
_	Full Name (Last, First, Middle Initial)			Data of Bishorson
В.	Gillibrand For Senate			Date of Disbursement
	Mailing Address 236 Massachusetts Ave Ne			03 03 2015
	Suite 110			V
	City	state Zip Code		Transaction ID : 22346671
		DC 20002		11d113d3t311111111111111111111111111111
	Purpose of Disbursement 2018 Contribution		011	Amount of Fook Dishurasment this Davied
	Candidate Name		011	Amount of Each Disbursement this Period
	Sen. Kirsten E. Gillibrand		Category/ Type	2000.00
	Office Sought: House Disbursem	nent For: 2018	Турс	, , , , , , , , , , , , , , , , , , , ,
		Primary General		2018 Contribution
	President	Other (specify)		2010 COMMISSION
	State: NY District:	•		
	Full Name (Last, First, Middle Initial)			
C.	Richard Hanna For Congress Com	mittee		Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address PO Box 118			03 03 2015
	City	State Zip Code		
	•	NY 13503		Transaction ID: 22346672
	Purpose of Disbursement			
	Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Rep. Richard Hanna  Office Sought:	nent For: 2016	Туре	1000.00
		Primary General		
		Other (specify)		Contribution
	State: NY District: 22	(opcony) ▼		
S	UBTOTAL of Disbursements This Page (optional)			4000.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		7
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	Detailed Summary Page	27		0b
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NAME OF COMMITTEE (In Full)				
American Hospital Association PA	C			
Full Name (Last, First, Middle Initial)			Date of Dishuraament	
A. Walter Jones Committee			Date of Disbursement	
Mailing Address PO Box 3962			03 03 2015	
City	State Zip Code		Transaction ID : 22346673	_
Greenville	NC 27836		Transaction ib . 22340073	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		1
Rep. Walter B. Jones Jr.		Type	1000.00	J
	nent For: 2016  Primary General  Other (specify)		Contribution	
State: NC District: 03				
Full Name (Last, First, Middle Initial)			Data of Bishamana	
B. David Rouzer For Congress			Date of Disbursement	
Mailing Address PO Box 2267			03 03 2015	
Smithfield	State Zip Code NC 27577		Transaction ID: 22346675	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name				1
David Rouzer		Category/ Type	2500.00	
	nent For: 2016 Primary General Other (specify)	,,	Contribution	
Full Name (Last, First, Middle Initial)				_
C. Connolly For Congress			Date of Disbursement	
Mailing Address 3706 Prado Place			03 03 2015	
City	State Zip Code		Transaction ID : 22346677	_
Fairfax	VA 22031		11d113d3t311111111111111111111111111111	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		1
Rep. Gerald E. Connolly		Type	1000.00	J
Office Sought:    House   Disburser	nent For: 2016 Primary General Other (specify) ▼		Contribution	
State: VA District: 11				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	LINE NUMBER: PAGE 95 OF 117			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 24 📗 25 🔲 2	26 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any perso	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	2					
Full Name (Last, First, Middle Initial)  A. Democratic Congressional Campai  Mailing Address 430 South Capitol Street	gn Committee		Date of Disbursement  03 17 2015			
			00 17 2010			
City S Washington Purpose of Disbursement	State Zip Code DC 20003		Transaction ID: 22363495			
2015 Contribution		011	Amount of Each Disbursement this Period	i		
Candidate Name  Democratic Congressional Campai		Category/ Type	15000.00	]		
	nent For:  Primary General  Other (specify)		2015 Contribution			
Full Name (Last, First, Middle Initial)  B. Blumenauer For Congress  Mailing Address 830 Ne Holladay, #105			Date of Disbursement  M M / P P P / Y P Y P Y P Y P Y P Y P Y P Y			
City						
Portland Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer	OR 97232	011 Category/ Type	Transaction ID: 22363496  Amount of Each Disbursement this Period  1000.00			
Senate	nent For: 2016  Primary General  Other (specify)		Contribution			
Full Name (Last, First, Middle Initial)  C. Brady For Congress			Date of Disbursement			
Mailing Address PO Box 8277			03 17 2015			
,	State Zip Code TX 77387		Transaction ID: 22363497			
Contribution Candidate Name Rep. Kevin Patrick Brady		011 Category/ Type	Amount of Each Disbursement this Period	7		
Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify)	76-	Contribution	7		
SUBTOTAL of Disbursements This Page (optional)			17500.00	7		
TOTAL This Period (last page this line number only)				i		

	CHEDULE B (FEC Form 3X)	Use separate	e schedule(s)	FOR LINE I	NE NUMBER: PAGE 96 OF 117			
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	American Hospital Association PA	2						
<u>/</u>	·							
Δ	Full Name (Last, First, Middle Initial)				Date of Di	sbursement		
٦.	Clarke For Congress				M M /		YYYY	
	Mailing Address 111-36 200th. Street				03	17	2015	
	City	State Z	ip Code		Transact	ion ID : 222	62400	
	Hollis	NY 1	1412		Transact	ion ID : 223	03490	
	Purpose of Disbursement Contribution			011	Amount of	Fach Dishu	rsement this Period	
	Candidate Name		I	Category/	7 6.			
	Rep. Yvette D. Clarke			Type		7	1500.00	
		nent For: 2010						
	Senate President	Primary Other (specify)	General		Contributio	n		
	State: NY District: 09	Other (Specify)	•					
	Full Name (Last, First, Middle Initial)							
В.	Kirkpatrick For Arizona				Date of Di	sbursement		
	Mailing Address PO Box 12011				03	17	2015	
	Walling Address PO Box 12011				00	17	2013	
	,		ip Code		Transact	tion ID : 223	63499	
	Casa Grande Purpose of Disbursement	AZ 8	5130					
	Contribution			011	Amount of	Each Disbu	rsement this Period	
	Candidate Name			Category/			1000.00	
	Rep. Ann Kirkpatrick  Office Sought:	Fam		Туре		7	1000.00	
		nent For: 201 Primary	6 General		Contributio	n		
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		(- ),	▼					
	State: AZ District: 01		•					
_	Full Name (Last, First, Middle Initial)		•		Data of Di	ahuraamant		
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С.	Full Name (Last, First, Middle Initial)		•		Date of Di	sbursement	2015	
С.	Full Name (Last, First, Middle Initial) Levin For Congress  Mailing Address PO Box 37				M = M /	D D /		
C.	Full Name (Last, First, Middle Initial) Levin For Congress  Mailing Address PO Box 37	State Z	ip Code 8066		03	D D /	2015	
C.	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City Serville  Purpose of Disbursement	State Z	ip Code		03	17	2015	
C.	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City Serville  Purpose of Disbursement  Contribution	State Z	ip Code	011	M M M O3	17 /	2015	
C.	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City Serville  Purpose of Disbursement Contribution  Candidate Name	State Z	ip Code	Category/	M M M O3	17 /	2015 63500	
c.	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City  Roseville  Purpose of Disbursement Contribution  Candidate Name  Rep. Sandy M. Levin	State Z	ip Code 8066		M M M O3	17 /	2015 63500 rsement this Period	
<b>C</b> .	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City Serville  Purpose of Disbursement Contribution  Candidate Name  Rep. Sandy M. Levin  Office Sought: House Senate	State Zi MI 4 nent For: 2010 Primary	ip Code 8066	Category/	M M M O3	17 tion ID : 223	2015 63500 rsement this Period	
c.	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City  Roseville  Purpose of Disbursement Contribution  Candidate Name  Rep. Sandy M. Levin  Office Sought:  House Senate President  Disbursent	State Zi MI 4	ip Code 8066	Category/	Transact  Amount of	17 tion ID : 223	2015 63500 rsement this Period	
C.	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City Serville  Purpose of Disbursement Contribution  Candidate Name  Rep. Sandy M. Levin  Office Sought: House Senate	State Zi MI 4 nent For: 2010 Primary	ip Code 8066	Category/	Transact  Amount of	17 tion ID : 223	2015 63500 rsement this Period	
C.	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City  Roseville  Purpose of Disbursement Contribution  Candidate Name  Rep. Sandy M. Levin  Office Sought:  House Senate President  Disbursent	State Zimil 4  MI 4  nent For: 2010  Primary Cher (specify)	ip Code 8066	Category/ Type	Transact  Amount of	17 tion ID : 223	2015 63500 rsement this Period	
	Full Name (Last, First, Middle Initial)  Levin For Congress  Mailing Address PO Box 37  City Service Roseville Purpose of Disbursement Contribution  Candidate Name Rep. Sandy M. Levin  Office Sought: House Senate President State: MI District: 09	State Zi MI 4 nent For: 2010 Primary Descript	ip Code 8066	Category/ Type	Transact  Amount of	17 tion ID : 223	2015 63500 rsement this Period 1000.00	

SCHEDULE B (FEC Form 3X)	1	, FOR LINE	NUMBER: PAGE 97 OF 117	7
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlook orliy	,	
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NAME OF COMMITTEE (In Full)				_
American Hospital Association PAG	C			
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Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Jim Renacci For Congress				
Mailing Address 150 Smokerise Drive			03 17 2015	
,	State Zip Code		Transaction ID : 22363501	
Wadsworth Purpose of Disbursement	OH 44281			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		i
Rep. James B. Renacci		Type	1000.00	
	nent For: 2016			
	Primary General		Contribution	
State: OH District: 16	Other (specify) ▼			
State: OH District: 16  Full Name (Last, First, Middle Initial)				_
B. Dr. Raul Ruiz For Congress			Date of Disbursement	
- Dr. Nadi Ndiz i di Congress			M M / D D / Y Y Y Y	
Mailing Address PO Box 3433			03 17 2015	
City S Palm Desert	State Zip Code CA 92261		Transaction ID : 22363502	
Purpose of Disbursement	32201			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Raul Ruiz MD		Туре	1000.00	L
	ment For: 2016 Primary General			
President	Other (specify)		Contribution	
State: CA District: 36	• · · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				_
C. Scott Peters For Congress			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO Box 70980			03 17 2015	
City	State Zip Code			_
Washington	DC 20024		Transaction ID: 22363505	
Purpose of Disbursement Contribution				
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. Scott Peters		Category/ Type	1000.00	
	nent For: 2016	Туре		
Senate	Primary General		Contribution	
President	Other (specify) ▼			
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$\overline{\ \ }$	NAME OF COMMITTEE (In Full)							
/	American Hospital Association PAC							
٨	Full Name (Last, First, Middle Initial)				Data of F	Nichuroomon	+	
н.	Volunteers For Shimkus				Date of L	oisbursemen	/ Y Y Y Y	
	Mailing Address PO Box 661				03	18	2015	
	City	State Z	Zip Code		T		202507	
	Collinsville	IL (	62234		Iransac	tion ID : 22	303307	
	Purpose of Disbursement Contribution			011	Amount o	f Each Dish	oursement this Period	
	Candidate Name				7 anount o	Laci Dioc	variouni uno i cinoa	
	Rep. John M. Shimkus			Category/ Type		,	1500.00	
	Senate	nent For: 201 Primary [ Other (specify	General		Contribution	on		
	State: IL District: 15							
Ь	Full Name (Last, First, Middle Initial)				Data of F	Nahi wa ama am		
Ο.	Friends For Chris Stewart, Inc.					isbursemen	/	
	Mailing Address 10 West Broadway, Suite 500				03	17	2015	
	,		Zip Code 84101		Transac	tion ID : 22	363515	
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	Purpose of Disbursement		l l	044		, E . B		
	Purpose of Disbursement Contribution		[	011	Amount o	f Each Disb	oursement this Period	
	Purpose of Disbursement Contribution  Candidate Name		[	Category/	Amount o	f Each Disb	oursement this Period	
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	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought:  House Senate  Disbursem	nent For: 20 <sup>,</sup> Primary [ Other (specify	General	Category/	Amount of Contribution	7		
	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought:  House Senate President  State: UT District: 02	Primary	General	Category/		7		
с.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought:    House   Disbursement   Senate   President   March   March	Primary	General	Category/	Contributi	7	1000.00	
<b>C</b> .	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought: House Senate President State: UT District: 02  Full Name (Last, First, Middle Initial)	Primary	General	Category/	Contributi	on	1000.00	
c.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought:  State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267	Primary [ Other (specify	General	Category/	Contribution  Date of E	Disbursemen	1000.00 tt / 2015	
С.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought:  State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267	Primary [ Other (specify	General	Category/	Contribution  Date of E	on Disbursemen	1000.00 tt / 2015	
c.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought: House Senate President  State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267	Primary [ Other (specify	General  /) ▼  Zip Code	Category/ Type	Contribution  Date of E  03  Transac	Disbursement 17 17 2tion ID : 22	1000.00 t / Y Y Y Y 2015 363517	
С.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought:  State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267  City Separate President  City Separate President  State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress	Primary [ Other (specify	General  /) ▼  Zip Code	Category/ Type	Contribution  Date of E  03  Transac	Disbursement 17 17 2tion ID : 22	1000.00 tt / 2015	
С.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought: House Senate President State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267  City Separate President Senate	Primary [ Other (specify	General  /) ▼  Zip Code	Category/ Type  011  Category/	Contribution  Date of E  03  Transac	Disbursement 17 17 2tion ID : 22	1000.00 t / Y Y Y Y 2015 363517	
С.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought: House Senate President State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267  City Separate President  City Pearl City Purpose of Disbursement Contribution  Candidate Name  Kyle Takai	Primary [ Other (specify	General  Zip Code 96782	Category/ Type	Date of E	Disbursement 17 17 2tion ID : 22	1000.00  It / Y Y Y Y Y Y Y Y Y 2015  363517  oursement this Period	
C.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought: House Senate President State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267  City Separl City Purpose of Disbursement Contribution  Candidate Name  Kyle Takai  Office Sought: House Senate  Senate  Disbursement  Contribution  Disbursement  Candidate Name  Kyle Takai	Primary [ Other (specify  State Z HI 9  nent For: 201  Primary [	General  Zip Code 96782	Category/ Type  011  Category/	Date of E	Disbursemen  17  etion ID: 22	1000.00  It / Y Y Y Y Y Y Y Y Y 2015  363517  oursement this Period	
c.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought: House Senate President State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267  City Pearl City Purpose of Disbursement Contribution  Candidate Name  Kyle Takai  Office Sought: House Senate President  Senate President  Disbursement  Senate President	Primary [ Other (specify  State 2 HI 9	General  Zip Code 96782	Category/ Type  011  Category/	Contribution  Date of E  M M M 03  Transact  Amount of	Disbursemen  17  etion ID: 22	1000.00  It / Y Y Y Y Y Y Y Y Y 2015  363517  oursement this Period	
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C.	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought: House Senate President State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267  City Pearl City Purpose of Disbursement Contribution  Candidate Name  Kyle Takai  Office Sought: House Senate President  Senate President  Disbursement  Senate President	Primary [ Other (specify  State 2 HI 9  ment For: 201  Primary [ Other (specify	General  Zip Code 96782  General  General	Category/ Type  011  Category/ Type	Contribution  Date of E  M M M 03  Transact  Amount of	Disbursemen  17  etion ID: 22	1000.00  It / Y Y Y Y Y Y Y Y Y 2015  363517  oursement this Period	
	Purpose of Disbursement Contribution  Candidate Name  Rep. Chris Stewart  Office Sought:  State: UT District: 02  Full Name (Last, First, Middle Initial)  Mark Takai For Congress  Mailing Address PO Box 2267  City Pearl City Purpose of Disbursement Contribution  Candidate Name  Kyle Takai  Office Sought:  House Senate President  State: HI District: 01	Primary [ Other (specify  State Z HI S  ment For: 201  Primary [ Other (specify	General  Zip Code 96782	Category/ Type  011  Category/ Type	Contribution  Date of E  M M M 03  Transact  Amount of	Disbursemen  17  etion ID: 22	1000.00  It  / Y Y Y Y Y  2015  363517  oursement this Period  1000.00	

SCHEDULE B (FEC Form 3X)	FOR LI		LINE NUMBER: PAGE 99 OF 117		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:		
	for each category of the Detailed Summary Page	21b	22 🔀 23 🔲 24 🔲 25 🖂 26		
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or for commercial purposes, other than using the na	me and address of any politic	ai committee to	Solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	<u> </u>				
American Hospital Association PA	C				
Full Name (Last, First, Middle Initial)					
A. Alamo PAC			Date of Disbursement		
NA 311 A 1 1 2 2 2 2			M M / D D / Y Y Y Y		
Mailing Address 919 Congress Ave. Suite 1400			03 17 2015		
City	State Zip Code				
Austin	TX 78701		Transaction ID: 22363520		
Purpose of Disbursement					
2015 Contribution		011	Amount of Each Disbursement this Period		
Candidate Name Alamo PAC		Category/	4000.00		
	ment For:	Туре			
Senate	Primary General		2015 Contribution		
President	Other (specify) ▼		2010 Contribution		
State: District:					
Full Name (Last, First, Middle Initial)					
B. Democrats Win Seats PAC			Date of Disbursement		
NA 311 A 1 1			M = M / D = D / Y = Y = Y		
Mailing Address 1071 Turin Branch Lane			03 17 2015		
City	State Zip Code				
Weston	FL 33326		Transaction ID: 22363521		
Purpose of Disbursement 2015 Contribution		1			
Candidate Name		011	Amount of Each Disbursement this Period		
Democrats Win Seats PAC		Category/ Type	1000.00		
	ment For:	туре			
Senate	Primary General		2015 Contribution		
President	Other (specify) ▼		2010 Continuation		
State: District:					
Full Name (Last, First, Middle Initial)					
C. Prosperity Action Inc			Date of Disbursement		
Mailing Address 4000 DENDI ETON CTREET	Ma Tara Addisor a 1999 DENDI TERMOTORI				
Mailing Address 1006 PENDLETON STREET			03 17 2015		
City	State Zip Code		Transaction ID - 00000505		
Alexandria	VA 22314		Transaction ID: 22363525		
Purpose of Disbursement 2015 Contribution		044			
Candidate Name		011	Amount of Each Disbursement this Period		
Prosperity Action Inc		Category/ Type	1000.00		
	ment For:	i ype			
Senate	Primary General		2015 Contribution		
President	Other (specify) ▼		2010 COMMISSION		
State: District:					
SUBTOTAL of Disbursements This Page (optional)			6000.00		
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ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny		04 🗔 05 🖂 06
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NAME OF COMMITTEE (In Full)				
American Hospital Association PA	C			
/ Full Name (Last, First, Middle Initial)		1		
A. Rock City PAC			Date of Disbursement	
- Trook Oily 1 710			M M / D D /	YIYIYI
Mailing Address 1015 Stonebridge Park Drive			03 17	2015
Cit.	State Zin Code			
City S	State Zip Code TN 37069		Transaction ID: 223	63526
Purpose of Disbursement	0.000			
2015 Contribution		011	Amount of Each Disbu	ursement this Period
Candidate Name		Category/		1000.00
Rock City PAC		Type		1000.00
Office Sought: House Disburser Senate	nent For:  Primary General			
President	Other (specify)		2015 Contribution	
State: District:	(apasa), •			
Full Name (Last, First, Middle Initial)				
B. STEVE PAC (Support to Ensure V	ictory Eve		Date of Disbursement	
			M M / D D /	YIYIY
Mailing Address 4679 Winterset drive			03 17	2015
City	State Zip Code			
Columbus	OH 43220		Transaction ID: 223	363528
Purpose of Disbursement 2015 Contribution		011		
Candidate Name		011	Amount of Each Disbu	ursement this Period
STEVE PAC (Support to Ensure V	ictory Eve	Category/ Type		2500.00
Office Sought: House Disburser		Турс		,
Senate	Primary General		2015 Contribution	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Bishows and	
<sup>C.</sup> Friends Of Frank Guinta			Date of Disbursement	
Mailing Address PO Box 877			03 17	2015
The second of th				
,	State Zip Code		Transaction ID: 223	63531
Manchester Purpose of Disbursement	NH 03105			
Contribution		011	Amount of Each Disbu	recoment this Period
Candidate Name		Category/	Amount of Each Disbt	disement this Feriod
Rep. Franklin C. Guinta		Type		1000.00
	ment For: 2016			
Senate	Primary General		Contribution	
State: NH District: 01	Other (specify) ▼			
State: NH District: 01				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 101 OF 117
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NAME OF COMMITTEE (In Full)				
American Hospital Association PA	С			
Full Name (Last, First, Middle Initial)			Data of Diaburaament	
A. Pallone For Congress			Date of Disbursement	Y
Mailing Address PO Box 3176			03 17	2015
City	State Zip Code		Transaction ID : 223	62522
Long Branch	NJ 07740		Transaction ID . 223	03332
Purpose of Disbursement Contribution		011	Amount of Each Disbu	rsement this Period
Candidate Name		Category/	7 1111001111 01 20011 21000	
Rep. Frank Pallone Jr.		Type		1000.00
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify) ▼		Contribution	
State: NJ District: 06				
Full Name (Last, First, Middle Initial)			Data of Distance and	
B. Katko For Congress			Date of Disbursement	V V
Mailing Address 5407 Anvil Drive			03 17	2015
City Camillus	State Zip Code NY 13031		Transaction ID : 223	63599
Purpose of Disbursement Contribution		011	Amount of Each Disbu	reamont this Pariod
Candidate Name			Amount of Lacif Disbo	isement this renou
John Katko		Category/ Type		1000.00
	ment For: 2016 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				
C. Tom Reed For Congress			Date of Disbursement	Y
Mailing Address PO Box 391			03 17	2015
,	State Zip Code		Transaction ID: 223	63601
Geneva Purpose of Disbursement	NY 14456			
Contribution		011	Amount of Each Disbu	rsement this Period
Candidate Name		Category/		5000.00
Rep. Tom Reed		Туре	7	5000.00
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify) ▼		Contribution	
State: NY District: 23				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE			
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NAME OF COMMITTEE (In Full)					
American Hospital Association PA	AC .				
Full Name (Last, First, Middle Initial)			Data of Diaburaament		
A. Richard Burr Committee			Date of Disbursement		
Mailing Address Post Office Box 5928			03 17	2015	
City	State Zip Code		Transaction ID : 200	00000	
Winston-Salem	NC 27113		Transaction ID: 223	003002	
Purpose of Disbursement Contribution		011	Amount of Each Disbu	ursement this Period	
Candidate Name			Amount of East Block	arcoment this renea	
Sen. Richard Burr		Category/ Type		3000.00	
Office Sought:  House  Senate  President  Disburse	ement For: 2016 Primary General Other (specify)		Contribution		
State: NC District:					
Full Name (Last, First, Middle Initial)			D . (D:)		
B. Richard Burr Committee			Date of Disbursement		
Mailing Address Post Office Box 5928			03 17	2015	
City	State Zip Code NC 27113		Transaction ID : 223	363603	
Winston-Salem Purpose of Disbursement	NC 27113				
Contribution		011	Amount of Each Disbu	ursement this Period	
Candidate Name		Category/		5000.00	
Sen. Richard Burr		Type		5000.00	
Office Sought:  House Senate President State: NC District:	ement For: 2016 Primary		Contribution		
Full Name (Last, First, Middle Initial)					
C. Bob Goodlatte For Congress Com	nmittee		Date of Disbursement	·	
Mailing Address P.O. Box 292			03 18	2015	
City	State Zip Code		Transaction ID: 223	363604	
Roanoke Purpose of Disbursement	VA 24002				
Contribution		011	Amount of Each Disbu	ursement this Period	
Candidate Name		Category/		1000.00	
Rep. Bob W. Goodlatte		Type		1000.00	
Office Sought:  House Senate President  Disburse	ement For: 2016 Primary General Other (specify) ▼		Contribution		
State: VA District: 06					
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TOTAL This Period (last page this line number only	<i>γ</i> )				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 103 OF 117
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	(orlean orlin)	,
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAG	C		
·			
Full Name (Last, First, Middle Initial)  A. DelBene For Congress			Date of Disbursement
A. DelBene For Congress			M M / D D / Y Y Y Y
Mailing Address PO Box 487			03 172015
•	State Zip Code WA 98041		Transaction ID : 22363605
Bothell Purpose of Disbursement	WA 98041		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Suzan DelBene		Type	1500.00
	nent For: 2016		
	Primary General		Contribution
State: WA District: 01	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Friends Of Jim Clyburn			Date of Disbursement
- Thomas of this ony sain			M = M / D = D / Y = Y = Y
Mailing Address Post Office Box 12567			03 20 2015
Cit.	Ctata Zin Cada		
City S Columbia	State Zip Code SC 29211		Transaction ID: 22363606
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. James E. Clyburn  Office Sought:  House Disburser	ment For: 2016	Туре	1000.00
	Primary General		Contribution
President	Other (specify)		Contribution
State: SC District: 06	•		
Full Name (Last, First, Middle Initial)			
C. Dold For Congress			Date of Disbursement
Mailing Address PO Box 6312			03 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 6312			03 20 2013
City	State Zip Code		Transaction ID: 22363607
Libertyville	IL 60048		Transaction ib . 22303007
Purpose of Disbursement Contribution		011	
Candidate Name			Amount of Each Disbursement this Period
Rep. Robert J. Dold		Category/ Type	1000.00
Office Sought: House Disburser	mont For: 0040	1 21 2	
	Herit For. 2016		
Senate	Primary General	ı	Contribution
President		l	Contribution
	Primary General	l	Contribution
State: IL District: 10	Primary General Other (specify) ▼		Contribution 3500.00
President	Primary General Other (specify) ▼		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I				
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one) 22 💢 23 🔲 24 📗 25 🦳	7 26		
	Detailed Summary Page	27	28a 28b 28c 29	30b		
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NAME OF COMMITTEE (In Full)						
American Hospital Association PA	C					
Full Name (Last, First, Middle Initial)			Data of Disharanana			
A. Friends Of Dave Joyce			Date of Disbursement			
Mailing Address 320 Kenarden Drive			03 20 2015			
City	State Zip Code		Transaction ID : 22262600			
Cleveland	OH 44143		Transaction ID: 22363609			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Peri	od		
Candidate Name		Category/				
Rep. Dave Joyce		Type	2500.00			
	nent For: 2016 Primary General Other (specify)		Contribution			
State: OH District: 14						
Full Name (Last, First, Middle Initial)			Data of Dieleumannant			
B. Olson For Congress Committee			Date of Disbursement			
Mailing Address PO Box 16381			03 20 2015			
Sugar Land	State Zip Code TX 77496		Transaction ID : 22363610			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Peri	od		
Candidate Name		Category/				
Rep. Pete Olson		Type	1000.00			
	nent For: 2016 Primary General Other (specify)		Contribution			
Full Name (Last, First, Middle Initial)						
C. Adrian Smith For Congress			Date of Disbursement			
Mailing Address 3321 Avenue I Suite 6			03 20 2015			
,	State Zip Code		Transaction ID : 22363612			
Scottsbluff Purpose of Disbursement	NE 69361					
Contribution		011	Amount of Each Disbursement this Perio	od		
Candidate Name		Category/	1000.00			
Rep. Adrian Smith  Office Sought:	ment For: 2016	Туре	100000			
Senate President	Primary General Other (specify) ▼		Contribution			
State: NE District: 03						
SUBTOTAL of Disbursements This Page (optional)		·····	4500.00			
TOTAL This Period (last page this line number only)				П		

	CHEDULE B (FEC Form 3X)	Use separate schedule(	FOR LINE (check only		_
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<u>\</u>	NAME OF COMMITTEE (In Full)	c and address of any por	mical committee to	John Communician non Such Commune.	-
$\rangle$	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)				
Α.	Welch For Congress			Date of Disbursement	
	Mailing Address PO Box 1682			03 20 2015	
	City	State Zip Code		Transaction ID : 2225254.4	_
	Burlington	VT 05402		Transaction ID: 22363614	
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
	Candidate Name		Category/		
	Rep. Peter Welch		Type	1000.00	
	Senate	nent For: 2016  Primary General  Other (specify) ▼		Contribution	
	State: VT District: 00				_
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement	
٥.	Moolenaar For Congress			M M / D D / Y Y Y	
	Mailing Address 5915 Eastman Avenue Suite 100			03 20 2015	
	City S Midland	State Zip Code MI 48640		Transaction ID: 22363615	
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
	Candidate Name			Attributed of Each Biobardement this 1 chod	
	John Moolenaar		Category/ Type	1000.00	
	Senate	nent For: 2014  Primary General  Other (specify)   2014 General [		Contribution	
	Full Name (Last, First, Middle Initial)	2014 General L	Jebi Ne		_
C.	Democratic Senatorial Campaign C	Committee		Date of Disbursement	
	Mailing Address 120 Maryland Avenue, NE			03 24 2015	
	,				
		State Zip Code		T	
	City S Washington	State Zip Code DC 20002		Transaction ID: 22364305	
	City		011		
	City S Washington Purpose of Disbursement 2015 Contribution Candidate Name	DC 20002		Amount of Each Disbursement this Period	
	City Washington Purpose of Disbursement 2015 Contribution Candidate Name Democratic Senatorial Campaign C	DC 20002  Committee	011 Category/ Type		
	City Washington Purpose of Disbursement 2015 Contribution  Candidate Name Democratic Senatorial Campaign Coffice Sought:  House Senate President	DC 20002  Committee	Category/ Type	Amount of Each Disbursement this Period	
	City Washington Purpose of Disbursement 2015 Contribution  Candidate Name  Democratic Senatorial Campaign C  Office Sought: House Senate	Committee nent For: Primary General	Category/ Type	Amount of Each Disbursement this Period	
S	City Washington Purpose of Disbursement 2015 Contribution  Candidate Name Democratic Senatorial Campaign Coffice Sought:  House Senate President	Committee  nent For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period	

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 106 OF 117
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🔀 23 🔲 24 🔲 25 🔲 26
	, ,	27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			
A. Bennet For Colorado			Date of Disbursement
Mailing Address PO Box 3078			03 24 2015
City	State Zip Code		Transaction ID : 22364307
Denver	CO 80201		11aiisaction ib . 22304307
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Michael F. Bennet		Туре	1000.00
	nent For: 2016 Primary		Contribution
State: CO District:			
Full Name (Last, First, Middle Initial)			5 . (5:1
B. Friends Of Mike Lee Inc			Date of Disbursement
Mailing Address 10 West Broadway Suite 500			03 24 2015
Salt Lake City	State Zip Code UT 84101		Transaction ID: 22364312
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Sen. Mike Lee		Type	1000.00
	nent For: 2016 Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			
C. Lisa Murkowski For U.S. Senate			Date of Disbursement
Mailing Address PO Box 100847			03 24 2015
,	State Zip Code AK 99510		Transaction ID: 22364314
Anchorage Purpose of Disbursement Contribution	AK 99510		
		011	Amount of Each Disbursement this Period
Candidate Name Sen. Lisa Murkowski		Category/	1000.00
	nent For: 2016	Туре	
Senate President  State: AK District:	Primary General Other (specify)		Contribution
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00
TOTAL This Period (last page this line number only)		·····•	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I			
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 🔀 23 24 25 26		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
American Hospital Association PA	/C				
Full Name (Last, First, Middle Initial)			Data of Dishamous		
A. Stabenow For U.S. Senate			Date of Disbursement		
Mailing Address P.O. Box 4945			03 24 2015		
City	State Zip Code		Transaction ID : 22254240		
East Lansing	MI 48826		Transaction ID: 22364319		
Purpose of Disbursement 2018 Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Sen. Debbie Stabenow		Type	1000.00		
Office Sought: House Disburs  Senate President	ement For: 2018  Primary General  Other (specify) ▼		2018 Contribution		
State: MI District:					
Full Name (Last, First, Middle Initial)			D (D)		
B. Paul Cook For Congress			Date of Disbursement		
Mailing Address PO Box 365			03 24 2015		
City Yucca Valley	State Zip Code CA 92286		Transaction ID : 22364321		
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period		
Candidate Name			Amount of Each Disbursement this Feriou		
		Category/	1000.00		
Rep. Paul Cook		Type			
Senate President	ement For: 2016 Primary General Other (specify)	Туре	Contribution		
Office Sought:  Senate  President  State: CA  District: 08	Primary General	Туре	Contribution		
Office Sought: House Senate President Disburs	Primary  General Other (specify) ▼	Туре	Contribution  Date of Disbursement		
Office Sought:  Senate  President  State: CA  District: 08  Full Name (Last, First, Middle Initial)	Primary  General Other (specify) ▼	Туре	Date of Disbursement		
Office Sought:  Senate President State: CA District: 08  Full Name (Last, First, Middle Initial)  C. Cummings For Congress Campai Mailing Address PO Box 1631  City	Primary General Other (specify) ▼  gn Committee  State Zip Code	Туре	Date of Disbursement		
Office Sought:  Senate President State: CA District: 08  Full Name (Last, First, Middle Initial)  C. Cummings For Congress Campai  Mailing Address PO Box 1631  City Baltimore	Primary General Other (specify) ▼  gn Committee	Туре	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Office Sought:    House   Senate   President	Primary General Other (specify) ▼  gn Committee  State Zip Code	Type 011	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Office Sought:  Senate President State: CA District: 08  Full Name (Last, First, Middle Initial)  C. Cummings For Congress Campai  Mailing Address PO Box 1631  City Baltimore Purpose of Disbursement Contribution  Candidate Name	Primary General Other (specify) ▼  gn Committee  State Zip Code	011 Category/	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Office Sought:  State: CA  District: 08  Full Name (Last, First, Middle Initial)  C. Cummings For Congress Campai  Mailing Address PO Box 1631  City  Baltimore  Purpose of Disbursement Contribution  Candidate Name  Rep. Elijah E. Cummings	Primary General Other (specify) ▼  gn Committee  State Zip Code MD 21203	011	Date of Disbursement  M M / 24 / 2015  Transaction ID: 22364329		
Office Sought:  State: CA  District: 08  Full Name (Last, First, Middle Initial)  C. Cummings For Congress Campai  Mailing Address PO Box 1631  City  Baltimore  Purpose of Disbursement  Contribution  Candidate Name  Rep. Elijah E. Cummings  Office Sought:  House  Senate  President  Disburs  Disburs  Disburs  Disburs  Disburs	Primary General Other (specify) ▼  gn Committee  State Zip Code	011 Category/	Date of Disbursement  M M J 24 2015  Transaction ID: 22364329  Amount of Each Disbursement this Period		
Office Sought:  State: CA  District: 08  Full Name (Last, First, Middle Initial)  C. Cummings For Congress Campai  Mailing Address PO Box 1631  City  Baltimore  Purpose of Disbursement  Contribution  Candidate Name  Rep. Elijah E. Cummings  Office Sought:  House  Senate  Disburse  Disburse	Other (specify) ▼  General Other (specify) ▼	011 Category/	Date of Disbursement  M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		
Office Sought:  State: CA  District: 08  Full Name (Last, First, Middle Initial)  C. Cummings For Congress Campai  Mailing Address PO Box 1631  City  Baltimore  Purpose of Disbursement  Contribution  Candidate Name  Rep. Elijah E. Cummings  Office Sought:  House  Senate  President  Disburs  Disburs  Disburs  Disburs  Disburs	Other (specify) ▼  Ign Committee  State Zip Code MD 21203  ement For: 2016 Primary General General Other (specify) ▼	011 Category/ Type	Date of Disbursement  M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		

	CHEDULE B (FEC Form 3X)	Use separate	e schedule(s)	FOR LINE			PAGE 108 OF 117
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		Detailed Sun	nmary Page	27	28a	28b	28c 29 30b
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\ \	NAME OF COMMITTEE (In Full)	e and address	or arry political	Committee to	SOIICIT COITE	ibutions non	ii sucii committee.
	American Hospital Association PAC	•					
<u>/</u>	•						
٨	Full Name (Last, First, Middle Initial)				Data of I	)iahuraaman	•
Α.	Jeff Duncan For Congress				Date of I	Disbursemen	(
	Mailing Address PO Box 845				03	24	2015
	City	State Zi	p Code		<b>T</b>		204004
	Laurens	SC 2	9360		iransa	ction ID : 22	364331
	Purpose of Disbursement Contribution			011	Amount (	of Each Dish	ursement this Period
	Candidate Name				7 tillourit (	or Edon Blob	discinioni uno i citod
	Rep. Jeff Duncan			Category/ Type		7	1000.00
		nent For: 2016	6				
		Primary Other (specify)	General		Contributi	on	
	State: SC District: 03	Officer (Specify)	•				
	Full Name (Last, First, Middle Initial)						
В.	Renee Ellmers For Congress Com	mittee			Date of I	Disbursemen	t
	Mailing Address DO Day 200707				M = M	/ D D	7 7 7 7 7 7
	Mailing Address PO Box 99567				03	24	2015
	,		p Code 7624		Transa	ction ID : 22	364332
	Purpose of Disbursement		.7024				
	Contribution			011	Amount of	of Each Disb	ursement this Period
	Candidate Name			Category/			1000.00
	Rep. Renee Ellmers RN	vont For: 204		Type		7	, , , ,
	Rep. Renee Ellmers RN  Office Sought: House Disbursen	nent For: 2010			Contribut	ion	,
	Rep. Renee Ellmers RN  Office Sought: House Senate Disbursen	nent For: 2010 Primary Other (specify)	General		Contribut	ion	, , , , , , , , , , , , , , , , , , , ,
	Rep. Renee Ellmers RN  Office Sought: House Senate Disbursen	Primary	General		Contribut	ion	
_	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial)	Primary	General				
<u> </u>	Rep. Renee Ellmers RN  Office Sought: House Senate President  State: NC District: 02	Primary	General		Date of I	Disbursemen	t
— С.	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial)	Primary	General				
<u> </u>	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574	Primary Other (specify)	General ▼		Date of I	Disbursemen	t / Y   Y   Y   Y   Y
<b>c</b> .	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574	Primary Other (specify)	General		Date of I	Disbursemen	t / Y Y Y Y 2015
С.	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sig Harbor Purpose of Disbursement	Primary Other (specify)	General ▼ ip Code		Date of I	Disbursemen  / D D D 24	t / Y Y Y Y 2015
<b>C</b> .	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sign Harbor Purpose of Disbursement Contribution	Primary Other (specify)	General ▼ ip Code		Date of I	Disbursemen  / 24  ction ID : 22	t / Y Y Y Y 2015
C.	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sig Harbor Purpose of Disbursement Contribution  Candidate Name	Primary Other (specify)	General ▼ ip Code	Type  011  Category/	Date of I	Disbursemen  / 24  ction ID : 22	t / 2015 364333
c.	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sig Harbor Purpose of Disbursement Contribution  Candidate Name Rep. Derek Kilmer	Primary Other (specify)  State Zi WA 9	General  ▼  ip Code 8335	Type O11	Date of I	Disbursemen  / 24  ction ID : 22	t 2015
<b>C</b> .	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sign Harbor Purpose of Disbursement Contribution  Candidate Name Rep. Derek Kilmer  Office Sought: House Disbursement	Primary Other (specify)	General  ▼  ip Code 8335	Type  011  Category/	Date of I	Disbursemen  24  ction ID: 22  of Each Disb	t 2015
c.	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sig Harbor Purpose of Disbursement Contribution  Candidate Name Rep. Derek Kilmer  Office Sought: House Senate President  Disbursement Contribution	Primary Other (specify)  State Zi WA 9	General  General  General	Type  011  Category/	Date of I	Disbursemen  24  ction ID: 22  of Each Disb	t 2015
c.	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sign Harbor Purpose of Disbursement Contribution  Candidate Name Rep. Derek Kilmer  Office Sought: House Senate	Primary Other (specify)  State Zi WA 9  ment For: 2016 Primary	General  General  General	Type  011  Category/	Date of I	Disbursemen  24  ction ID: 22  of Each Disb	t 2015
C.	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sign Harbor Purpose of Disbursement Contribution  Candidate Name Rep. Derek Kilmer  Office Sought: House Senate President State: WA District: 06	Primary Other (specify)  State Zi WA 9  ment For: 2016 Primary Other (specify)	General  Fip Code 8335	O11 Category/ Type	Date of I	Disbursemen  24  ction ID: 22  of Each Disb	t 2015
C.	Rep. Renee Ellmers RN  Office Sought: House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) People For Derek Kilmer  Mailing Address PO Box 1574  City Sig Harbor Purpose of Disbursement Contribution  Candidate Name Rep. Derek Kilmer  Office Sought: House Senate President  Disbursement Contribution	Primary Other (specify)  State Zi WA 9  ment For: 2016 Primary Other (specify)	General  Fip Code 8335	O11 Category/ Type	Date of I	Disbursemen  24  ction ID: 22  of Each Disb	t / 2015  364333  ursement this Period 1000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I			
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NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					
Full Name (Last, First, Middle Initial)			D . (D:1		
A. Kuster For Congress, Inc.			Date of Disbursement	Y	
Mailing Address P.O. Box 1498			03 24	2015	
City	State Zip Code		Transaction ID : 222	64224	
Concord	NH 03302		Transaction ID: 223	04334	
Purpose of Disbursement Contribution		011	Amount of Each Disbu	rsement this Period	
Candidate Name					
Rep. Ann McLane Kuster		Category/ Type		1000.00	
Senate	nent For: 2016 Primary General Other (specify)		Contribution		
State: NH District: 02					
Full Name (Last, First, Middle Initial)					
B. Kevin McCarthy For Congress			Date of Disbursement	YYYY	
Mailing Address PO Box 12667			03 24	2015	
City S Bakersfield	State Zip Code CA 93389		Transaction ID : 223	64335	
Purpose of Disbursement Contribution		011	Amount of Each Disbu	reament this Pariod	
Candidate Name			Amount of Lacif bisbe	inscribent tins i chou	
Rep. Kevin McCarthy		Category/ Type		5000.00	
Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify)	7.	Contribution		
Full Name (Last, First, Middle Initial)					
C. Devin Nunes Campaign Committee	9		Date of Disbursement	Y	
Mailing Address PO Box 6545			03 24	2015	
•	State Zip Code		Transaction ID : 223	64336	
Visalia Purpose of Disbursement	CA 93290				
Contribution		011	Amount of Each Disbu	rsement this Period	
Candidate Name		Category/		2000.00	
Rep. Devin G. Nunes		Type		2000.00	
Senate	nent For: 2016 Primary General Other (specify)		Contribution		
State: CA District: 22					
SUBTOTAL of Disbursements This Page (optional)		······		8000.00	
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		17
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b		26
	Detailed Summary Page	27		30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	To data address of any pointed			
American Hospital Association PA	C			
Full Name (Last, First, Middle Initial)				
A. Poliquin For Congress			Date of Disbursement	
Mailing Address PO Box 50			03 24 2015	
,	State Zip Code		Transaction ID : 22364337	
Oakland	ME 04963		114113404101110 . 22304337	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	t
Candidate Name		Category/	1000.00	П
Bruce Poliquin		Туре	1000.00	4
Senate President	nent For: 2016 Primary General Other (specify)		Contribution	
State: ME District: 02				
Full Name (Last, First, Middle Initial)  B. Friends Of Dave Reichert			Date of Disbursement	
Mailing Address PO Box 2032			03 24 2015	
Issaquah	State Zip Code WA 98027		Transaction ID : 22364339	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	t
Candidate Name		Category/		7
Rep. David George Reichert		Type	1000.00	_
	nent For: 2016 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				
C. Texans For Lamar Smith			Date of Disbursement	
Mailing Address PO Box 6155			03 24 2015	
City	State Zip Code			
San Antonio	TX 78209		Transaction ID: 22364340	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	4
Candidate Name		Category/		
Rep. Lamar S. Smith		Type	1000.00	
Office Sought: House Disburser  Senate President	nent For: 2016 Primary General Other (specify)		Contribution	
State: TX District: 21				
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	3000.00	
TOTAL This Period (last page this line number only				7

SCHEDULE B (FEC Form 3X)	11	, FOR LINE	NUMBER: PAGE 111 OF 11	7
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	, I (CILECK OILL)	•	^
	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30	
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NAME OF COMMITTEE (In Full)	,,,			_
American Hospital Association PA	C			
,				
Full Name (Last, First, Middle Initial)		_		
A. CHC-BOLD PAC:Building our Lead	dership Diversity P	AC	Date of Disbursement	
Mailing Address Post Office Box 310			03 24 2015	
Mailing Address Fost Office Box 310			03 24 2013	
City	State Zip Code		T // ID 00004040	
Washington	DC 20003		Transaction ID: 22364342	
Purpose of Disbursement 2015 Contribution				
		011	Amount of Each Disbursement this Period	
Candidate Name CHC-BOLD PAC:Building our Leader	chin Divorcity DAC	Category/	1000.00	
Office Sought: House Disburser		Туре	7	
Senate	Primary General		2015 Contribution	
President	Other (specify) ▼		2013 Contribution	
State: District:	•			
Full Name (Last, First, Middle Initial)				
B. Motor City PAC			Date of Disbursement	
			M - M / D - D / Y - Y - Y	
Mailing Address 600 Pennsylvania Avenue, SE Suite 210			03 24 2015	
	State Zip Code			
Washington	DC 20003		Transaction ID: 22364343	
Purpose of Disbursement				
2015 Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	l
Motor City PAC  Office Sought: House Disburser	mont For:	Туре		
Senate Sought.	Primary General		2015 Contribution	
President	Other (specify)		2015 Contribution	
State: District:	( 1 ), <del>V</del>			
Full Name (Last, First, Middle Initial)				_
C. Kathleen Rice For Congress			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 410 Jericho Turnpike Suite 200			03 24 2015	
City	State Zip Code			
Jericho	NY 11753		Transaction ID: 22364344	
Purpose of Disbursement				
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	1
Kathleen Rice			1000.00	
Office Sought: A House Dishurson	mont For: 0040	Туре		
	ment For: 2016	Туре	Ocalification	
Office Sought: House Disburser  Senate President	ment For: 2016 Primary General Other (specify)	Туре	Contribution	
Senate	Primary General	Туре	Contribution	
Senate President	Primary General	Туре	Contribution	_
Senate President	Primary General Other (specify) ▼		Contribution 3000.00	
Senate President State: NY District: 04	Primary General Other (specify) ▼	·····•		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 112 OF 117
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)				
American Hospital Association PA	AC			
Full Name (Last, First, Middle Initial)			D . (5)	
A. Palazzo For Congress			Date of Disbursemer	
Mailing Address 13155 Highway 67 Suite B			03 26	2015
City	State Zip Code		Transaction ID - 00	266046
Biloxi	MS 39532		Transaction ID: 22	300940
Purpose of Disbursement Contribution		011	Amount of Each Disk	oursement this Period
Candidate Name		Category/		1000.00
Rep. Steven M. Palazzo  Office Sought:  House Disburs	ement For: 2016	Туре		.555.00
Senate President	Primary General  Other (specify) ▼		Contribution	
State: MS District: 04				
Full Name (Last, First, Middle Initial)  B. Ribble For Congress			Date of Disbursemer	
Mailing Address PO Box 7200			03 / 26	2015
City Appleton	State Zip Code WI 54912	_	Transaction ID : 22	2366947
Purpose of Disbursement Contribution		011	Amount of Each Disk	oursement this Period
Candidate Name		Category/		1000.00
Rep. Reid J. Ribble  Office Sought:  House Disburs	ement For: 2016	Туре		4
	Primary General  Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial)  C. Blue Hen PAC			Date of Disbursemer	nt
Mailing Address PO Box 9900			03 / 26	2015
City Newark	State Zip Code DE 19714		Transaction ID : 22	2366948
Purpose of Disbursement 2015 Contribution		011	Amount of Each Dish	oursement this Period
Candidate Name		Category/	, and an each bloc	
Blue Hen PAC		Type	1 1 1	1000.00
Senate President	ement For: Primary General Other (specify)		2015 Contribution	
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····	7	3000.00
TOTAL This Period (last page this line number onl	y)	·····•		4

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only		7
	for each category of the Detailed Summary Page	21b 27	22 🗙 23 🔲 24 📗 25 📉 26	6 0b
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NAME OF COMMITTEE (In Full)  American Hospital Association PA	•	<u>a. co</u>		
Full Name (Last, First, Middle Initial)			B	_
A. Free State PAC			Date of Disbursement	
Mailing Address PO Box 1151			03 26 2015	
City	State Zip Code		Transaction ID : 22366949	
Hays	KS 67601		Transaction ib . 22300949	
Purpose of Disbursement 2015 Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Catagory		1
Free State PAC		Category/ Type	5000.00	L
Office Sought: House Disburse Senate President	nent For: Primary General Other (specify)		2015 Contribution	
State: District:				
Full Name (Last, First, Middle Initial)  B. Julia Brownley For Congress  Mailing Address PO Box 2018			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
011	O			
City Thousand Oaks	State Zip Code CA 91358		Transaction ID: 22366950	
Purpose of Disbursement Contribution				
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. Julia Brownley		Category/ Type	1000.00	ı
	ment For: 2016	туре		
	Primary General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial)				_
C. Dan Lipinski For Congress			Date of Disbursement	
Mailing Address P.O. Box 520			03 26 2015	
City	State Zip Code		T ID	_
Western Springs	IL 60558		Transaction ID: 22366951	
Purpose of Disbursement Contribution		011		
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. Daniel William Lipinski		Category/ Type	1000.00	
•	nent For: 2016 Primary General Other (specify)	,,	Contribution	
State: IL District: 03				
SUBTOTAL of Disbursements This Page (optional)		·····•	7000.00	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 114 OF 117
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	AC .		
Full Name (Last, First, Middle Initial)			
A. Nita Lowey For Congress			Date of Disbursement
Mailing Address PO Box 271			03 26 2015
City	State Zip Code		Transaction ID : 22366952
White Plains Purpose of Disbursement	NY 10605		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Nita M. Lowey		Type	1000.00
Office Sought:    House   Disburse   Senate   President	ement For: 2016  Primary General  Other (specify) ▼		Contribution
State: NY District: 17			
Full Name (Last, First, Middle Initial)			D
B. Friends Of Sherrod Brown			Date of Disbursement
Mailing Address PO Box 15293			03 26 2015
City Washington	State Zip Code DC 20003		Transaction ID: 22366953
Purpose of Disbursement 2018 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4500.00
Sen. Sherrod Brown	_	Type	1500.00
	ement For: 2018 Primary General Other (specify) ▼		2018 Contribution
Full Name (Last, First, Middle Initial)			
C. Ryan Costello for Congress			Date of Disbursement
Mailing Address PO Box 89	Mailing Address PO Box 89		
City Phoenixville	State Zip Code PA 19460		Transaction ID: 22366954
Purpose of Disbursement Contribution			
Candidate Name		011	Amount of Each Disbursement this Period
Ryan Costello		Category/ Type	1000.00
	ement For: 2016  Primary General  Other (specify) ▼	.,,,,	Contribution
State: PA District: 06			
SUBTOTAL of Disbursements This Page (optional)		······	3500.00
TOTAL This Period (last page this line number only	y)		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one) 22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Data of Dialousanaant
A. Friends Of John Thune			Date of Disbursement
Mailing Address PO Box 841			03 31 2015
City	State Zip Code		Transaction ID : 22270204
Sioux Falls	SD 57101		Transaction ID: 22370281
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Biobardsmont the Forest
Sen. John R. Thune		Category/ Type	500.00
	nent For: 2016  Primary General  Other (specify)		Contribution
State: SD District:			
Full Name (Last, First, Middle Initial)			D . (D)
B. Heartland Values PAC			Date of Disbursement
Mailing Address P.O. Box 505			03 31 2015
Sioux Falls	State Zip Code SD 57101		Transaction ID: 22370282
Purpose of Disbursement 2015 Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Biobardemont the Ferica
Heartland Values PAC		Category/ Type	5000.00
	nent For: Primary General Other (specify) ▼		2015 Contribution
Full Name (Last, First, Middle Initial)			
C. Julia Brownley For Congress			Date of Disbursement
Mailing Address PO Box 2018			03 31 2015
City	State Zip Code		Transaction ID: 22370283
	CA 91358		Transaction ID . 2237 0203
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Julia Brownley		Type	1500.00
Senate	nent For: 2016  Primary General  Other (specify)		Contribution
State: CA District: 26	(-p)/ ¥		
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3X)	1		FOR LINE I	NUMBER: PAGE 116 OF 1	117
ΙΤ	EMIZED DISBURSEMENTS		category of the	(check only	·	
			Summary Page	21b 27		26 30b
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$\overline{\ }$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PA	С				
<u>/_</u>						
Δ	Full Name (Last, First, Middle Initial)				Date of Disbursement	
•	Frederica S. Wilson For Congress				M M / D D / Y Y Y	
	Mailing Address 19821 Nw 2nd Avenue				03 31 2015	
	Box 354	<b>.</b> .				
	City Miami Gardens	State FL	Zip Code 33169		Transaction ID: 22370284	
	Purpose of Disbursement		33109			
	Contribution			011	Amount of Each Disbursement this Period	b
	Candidate Name			Category/	1000.00	П
	Rep. Frederica S. Wilson			Туре	1000.00	_
		ment For: Primary	2016 General			
	President	Other (spe			Contribution	
	State: FL District: 24	O (Op 1	yoy, <b>∀</b>			
	Full Name (Last, First, Middle Initial)					
В.	Robin Kelly For Congress				Date of Disbursement	
	A4.00 A 1.1				M M / D D / Y Y Y Y	
	Mailing Address PO Box 6953				03 31 2015	
	City	State	Zip Code		Transaction ID - 22270205	
	Chicago	IL	60680		Transaction ID: 22370285	
	Purpose of Disbursement Contribution			011	Amount of Fook Dishursoment this Device	٨
	Candidate Name			011	Amount of Each Disbursement this Period	ر -
				Category/ Type	1000.00	
	Rep. Robin Kelly					
	Rep. Robin Kelly  Office Sought:   House   Disburser	ment For:	2016			
	Office Sought: House Senate Disburser	Primary	General	71	Contribution	
	Office Sought:    House   Disburser		General	,,	Contribution	
	Office Sought:    House   Disburser	Primary	General	,	Contribution	
	Office Sought:    House   Disburser	Primary	General	,		
<u> </u>	Office Sought:    House   Disburser	Primary	General	,,	Date of Disbursement	
C.	Office Sought:    House   Disburser	Primary	General	,,		
С.	Office Sought: House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road	Primary Other (spe	General ecify) ▼	71	Date of Disbursement	
с.	Office Sought: House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City	Primary Other (spe	General ecify) ▼  Zip Code	71	Date of Disbursement	
<b>C</b> .	Office Sought: House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement	Primary Other (spe	General ecify) ▼	,,	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
<b>C</b> .	Office Sought: House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement Contribution	Primary Other (spe	General ecify) ▼  Zip Code	011	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	· ·
<b>C</b> .	Office Sought: House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement Contribution  Candidate Name	Primary Other (spe	General ecify) ▼  Zip Code	011 Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	t
С.	Office Sought:  House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement Contribution  Candidate Name  Rep. Eliot L. Engel	Primary Other (spe	General ecify) ▼  Zip Code 10708	011	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
<b>c</b> .	Office Sought:  House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement Contribution  Candidate Name  Rep. Eliot L. Engel	Primary Other (spe	General ecify) ▼  Zip Code 10708	011 Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	: -
c.	Office Sought:  House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement Contribution  Candidate Name Rep. Eliot L. Engel  Office Sought: House  Disburser	Primary Other (spe	General ecify)   Zip Code 10708  2016  General	011 Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
C.	Office Sought:  House Senate President State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement Contribution  Candidate Name Rep. Eliot L. Engel  Office Sought:  House Senate  Disburser	Other (specific specific speci	General ecify)   Zip Code 10708  2016  General	011 Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	t t
c.	Office Sought:  House Senate President  State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement Contribution  Candidate Name Rep. Eliot L. Engel  Office Sought:  House Senate President  Disburser	Other (specific specific speci	General ecify)   Zip Code 10708  2016  General	011 Category/	Date of Disbursement  M M / 31 / 2015  Transaction ID : 22370286  Amount of Each Disbursement this Period 1000.00  Contribution	,
C.	Office Sought:  House Senate President  State: IL District: 02  Full Name (Last, First, Middle Initial)  Engel For Congress  Mailing Address 462 California Road  City Bronxville Purpose of Disbursement Contribution  Candidate Name Rep. Eliot L. Engel  Office Sought:  House Senate President  Disburser	State NY  ment For: Primary Other (spe	General ecify) ▼  Zip Code 10708  2016  General ecify) ▼	011 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	: :
	Office Sought:    House   Senate   President   State:   IL   District:   02	State NY  ment For: Primary Other (spe	General ecify) ▼  Zip Code 10708  2016 General ecify) ▼	011 Category/ Type	Date of Disbursement  M M / 31 / 2015  Transaction ID : 22370286  Amount of Each Disbursement this Period 1000.00  Contribution	, ]

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ion ID : 22411488
Each Disbursement this Period  1000.00  EM]  Redesignation, See Below
sbursement 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Each Disbursement this Period  1000.00  EM]  n Re-designated funds for trans. date
sbursement / Y Y Y Y Y Y
Each Disbursement this Period
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